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COVER LETTER

TO: Amendment Section Division of Corporations
SUBJECT: Name of Corporation
DOCUMENT NUMBER: \$15000054202
The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Name of Contact Person Sim. ORESTE PA Firm/Company 1421 S. Ocean Blv2 + 217 Paddress City/State and Zip Code Sonflower 33 @ Yahoo. Cem E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call: Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

Mailing Address: Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Street Address:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this
statement of change is submitted for a corporation organized under the laws of the State of + LOX DX
in order to change its registered dffice or registered agent, or both, in the State of Florida.
1. The name of the corporation:
2. The principal office address: 1921 Si View Black, FL 33062
3. The mailing address (if different):
4. Date of incorporation/qualification: 10 22 15 Document number: P1500051206
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)
Corporation Service Comparel
Tallahassee, Fl. 32301
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):
Hals Ocean Biv 17
tongaw beach, the 33060
The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.
Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the board, or the board of the change.
Signification of director Kim OREST RESIDENT Printed or typed name and tiple
I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duffes, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.
Signature of Registered Agent Date
If signing on behalf of an entity: Typed or Printed Name

* * * FILING FEE: \$35.00 * * *