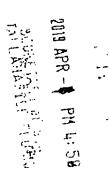
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		•
(Re	equestor's Name)	
(Ad	ldress)	
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(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

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CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301 Phone: 850-558-1500 ACCOUNT NO. : 12000000195 REFERENCE : 706057 4722044 AUTHORIZATION : COST LIMIT : ORDER DATE: April 1, 2019 ORDER TIME : 3:18 PM ORDER NO. : 706057-010 CUSTOMER NO: 4722044 CHANGE OF AGENT NAME: EVERTEAM INC. PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

EXAMINER'S INITIALS:

CERTIFIED COPY
XX PLAIN STAMPED COPY

CONTACT PERSON: Roxanne Turner

COVER LETTER

TO:	Amendment Section Division of Corporations	R-1 P
SUBJ	JECT: Name of Corporation	PH F
	rance of corporation	
DOC	CUMENT NUMBER:	
The er	enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing	ıg.
Please	te return all correspondence concerning this matter to the following:	
	LASONYA MCFARLANE	
	Name of Contact Person	
	C/O PRAMEX INTERNATIONAL	
	Firm/Company	
	1251 AVENUE OF THE AMERICAS FL3	
	Address	
	NEW YORK, NY, 10020	
	City/State and Zip Code	
	LASONYA.MCFARLANE@PRAMEX.COM	
	E-mail address: (to be used for future annual report notification)	
For fu	urther information concerning this matter, please call:	
LASC	ONYA MCFARLANE 212 583-4920 at ()	
	Name of Contact Person Area Code & Daytime Telepho	ne Number
Enclo	osed is a \$35.00 check made payable to the Department of State.	
	Mailing Address: Amendment Section Street Address: Amendment Section	

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

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

statement of cha	•	oration organiz <mark>ed wid</mark> er t	he la	817.1508, Florida Statutes, t nvs of the State of DELAWA th, in the State of Florida.	
	the corporation: EVERTEAN				
2. The principal	office address: 745 ATLAN	TIC AVENUE, BOSTON,	MA,	, 02111	
3. The mailing a	address (if different): C/O Pr	ramex International Corp	125	1 Ave of the Americas 3FL	
4. Date of incorp	poration/qualification: 09/0	3/2015 Docui	ment	number:	
5. The name and	d street address of the currer rtment of State: (If resigned,	nt registered agent and reg			
	1200 South Pine Island Re	oad, Plantation, FL 3332	4	26	2019
	CT Corpor=+	ion System		AH A	2019 APR -
6. The name and (if changed):	street address of the new re		d) an	nd /or registered office	PK 4:55
	1201 Hays Street				
		P.O. Box NOT acceptable			
	Tallahassee	·	FL	32301	
The street addre as changed will	ess of its registered office a be identical.	nd the street address of t	he bı	usiness office of its register	ed agent,
Such change wa authorized by th	as authorized by resolution ne board, or the corporation	duly adopted by its board has been notified in wri	d of o	directors or by an officer so of the change.	ı
		Nicolas FE	RRY	Y	
Signatu	re of an officer or director		Print	ed or typed name and title	
I hereby accept I further agree to performance of agent. Or, if the hereby confirm Corporatio	the appointment as registe to comply with the provisio my duties, and I am familic is document is being filed n that the corporation has be in Service Company	red agent and agree to a ns of all statutes relative ar with and accept the ob nerely to reflect a change en notified in writing of	ct in to th digal in th this d	this capacity. ne proper and complete tion of my position as regis. he registered office address change.	tered ;, I
By: Cer	nature of Registered Agent	<u>u</u> _ L	+	Date	
If signing on be		ne Turner e President			
Т	yped or Printed Name				
	***	FILING FEE: \$35.00 *	* *		