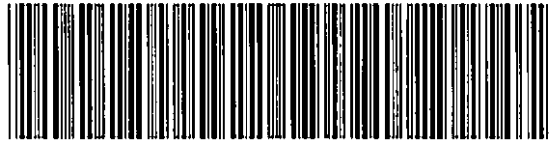


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2018 JUN -4 PM 2:05
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

C. GOLDEN

JUN - 5 2018

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: REZONATE INDUSTRIES, INC.
Name of Corporation

DOCUMENT NUMBER: P05000000833

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:

Carlos J Silva

Name of Contact Person

REZONATE INDUSTRIES, INC.

Firm/Company

12154 SW 114th PL

Address

Miami, FL 33176

City/State and Zip Code

carlos@rezonate.us

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Carlos J Silva

Name of Contact Person

305 5996884

at () 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 Florida in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: REZONATE INDUSTRIES, INC.
2. The principal office address: 12154 SW 114th PL, Miami FL 33176
3. The mailing address (if different): P.O. BOX 563087, MIAMI, FL 33256
4. Date of incorporation/qualification: 01/03/2005 Document number: P05000000833
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)

Carlos J Silva

12158 SW 114th PL, MIAMI, FL 33176

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

Carlos J Silva

12154 SW 114th PL, MIAMI, FL 33176

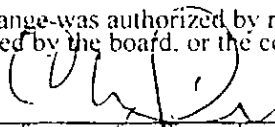
P.O. Box NOT acceptable

2018 JUN -4 PM 2:05
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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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 corporation has been notified in writing of the change.

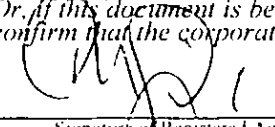


Signature of an officer or director

CARLOS SILVA - DP

Printed or typed name and title

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 duties, 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

5-29-18

Date

If signing on behalf of an entity:

CARLOS SILVA

Typed or Printed Name

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

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314