

| (Re | equestor's Name) | |
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| PICK-UP | ☐ WAIT | MAIL. |
| (Bu | usiness Entity Nar | ne) |
| (Document Number) | | |
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R. WHITE

COVER LETTER

| Division of Corporations |
|---|
| SUBJECT: SLICK GRIT ING, Name of Corporation |
| DOCUMENT NUMBER: P1300009 8485 |
| 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 SLICK GRIT, INC Firm/Company |
| • • |
| 14982 SW 30 TER: Address |
| MIAMI, FL 33185 City/State and Zip Code |
| E-mail address: (to be used for future annual report notification) |
| For further information concerning this matter, please call: |
| Name of Contact Person at (305) 807-0516 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

| 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 in order to change its registered office or registered agent, or both, in the State of Florida. |
| 1. The name of the corporation: SLICK GRIT, INC |
| 2. The principal office address: 14982 SW 30 TER. |
| MIAMI, FL 33185 |
| 3. The mailing address (if different): |
| 4. Date of incorporation/qualification: 1/1/14 Document number: P13000098485 |
| 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) |
| TONY SHALABY / CHILLIP ASHLEY |
| 312 BUTTONWOOD CIR. B |
| KEY LARGO FL 33037 |
| 6. The name and street address of the new registered agent (if changed) and /or registered office (if changed): TONY SHALABY 14982 SW 30 TEP. P.O Box NOT acceptable MIAM 1 FI = 33185 |
| 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 of the corporation has been notified in writing of the change. Signature of an officer or director 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 3/11/14 Date |
| If signing on behalf of an entity: |
| TONY SHALABY Typed or Printed Name |

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