

P15 0000 78107

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



800279124788

11/17/15--01006--028 \*\*35.00

2015 NOV 17 AM 10:29  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

NOV 19 2014  
C. CARROTHERS

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Addry Solution Inc  
Name of Corporation

**DOCUMENT NUMBER:** P15000078107

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:

Yelisbell Machado  
Name of Contact Person

Addry Solution Inc  
Firm/Company

8990 Lake Drive Apto 240  
Address

Doral, FL 33166  
City/State and Zip Code

addrysolution@gmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Yelisbell Machado at ( 786 ) 724-9903  
Name of Contact Person 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: Addry Solution Inc

2. The principal office address: 8290 Lake Drive Apt 240, Doral, FL 33166

3. The mailing address (if different): n/a

4. Date of incorporation/qualification: 09/21/2015 Document number: P15000078107

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)

Resigned

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

ALARCON ALEXANDER

8290 LAKE DRIVE APT 240, DORAL. FL 33166

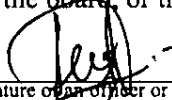
P.O. Box NOT acceptable

The name of the President I want show in sunbiz only like ALARCON, ALEXANDER (DELETE SR)

FILED  
2015 NOV 17 AM 10:29  
FLORIDA DEPARTMENT OF STATE  
TALLAHASSEE, FLORIDA

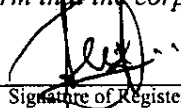
The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

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

Yelisbell Machado, S  
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

10/12/2015  
Date

If signing on behalf of an entity:

Alexander Alarcon  
Typed or Printed Name

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