P16000079418

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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AUG 15 2017
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SUBJECT: Tache Bronis Christianson and Descalzo
Name of Corporation

DOCUMENT NUMBER: P16000079418

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:

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Marissel Descalzo
Name of Contact Person

Tache Bronis Christianson and Descalzo
Firm/Company

150 SE 2 Ave #600
Address

Miami, FL 33131
City/State and Zip Code

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

For further information concerning this matter, please call:

Marissel Descalzo at (305) 5379572
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

CR2E045 (03/12)

1. The name of the corporation: Tache Bronis Christiansen and Descalzo

2. The principal office address: 150 SE 2 Ave #600
Miami, FL 33131

3. The mailing address (if different):

4. Date of incorporation/qualification: 9.28.2016 Document number: P16000079918

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)

Corporate Creations Network, Inc.
11380 Prosperity Farms Road #221E
Palm Beach Gardens, FL 33410

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

A. RODRIGUEZ
8100 S.W. 89TH COURT
P.O. Box NOT acceptable
Miami, FL 33173-4184

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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

Marissel Descalzo; 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

July 25. 17
Date

If signing on behalf of an entity:

Al Rodriguez
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

CR2E045 (03/12)