P18000048050

| (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: | | | | |
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Office Use Only



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SECRETARY OF STATE

C. GOLDEN
JUN 2 8 2018

COVER LETTER

| TO: Amendment Section Division of Corporations | | | | |
|---|--|--|--|--|
| SUBJECT: US / ROS . CORP | | | | |
| Name of Corporation | | | | |
| DOCUMENT NUMBER: P18000048656 | | | | |
| 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: | | | | |
| ALEXANDER ROS | | | | |
| Name of Contact Person | | | | |
| US / ROS . CORP | | | | |
| Firm/Company | | | | |
| 23901 SW 212 AVE | | | | |
| Address | | | | |
| HOMESTEAD FL 33031 | | | | |
| City/State and Zip Code | | | | |
| IVANIALEON0102@GMAIL.COM | | | | |
| E-mail address: (to be used for future annual report notification) | | | | |
| For further information concerning this matter, please call: | | | | |
| ALEXANDER ROS at (305-506-5026) | | | | |
| Name of Contact Person Area Code & Daytime Telephone Number | | | | |
| Enclosed is a \$35.00 check made payable to the Department of State. | | | | |
| Mailing Address: Street Address: | | | | |
| Amendment Section Amendment Section Division of Corporations Division of Corporations | | | | |
| LIIVISION OF LARDOCHIONS LIIVISIAN AT LARDAPHIANC | | | | |

Clifton Building

2661 Executive Center Circle

Tallahassee, FL 32301

P.O. Box 6327

Tallahassee, FL 32314

1000

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

| statement of cha | nge is submitted for a corporation | 17.0502, 607.1508, or 617.1508, Flori n organized under the laws of the State registered agent, or both, in the State | of FLORIDA |
|--|---|--|--------------------------------|
| · | the corporation: US / ROS . C | | oj rioriaa. |
| 1. The name of t | office address: 23901 SW 2 | 12 Δ\/F | |
| | read FL 33031 | | |
| 3. The mailing a | ddress (if different): | | |
| 4. Date of incorp | poration/qualification: 0529 | 2018 Document number: P18 | 8000048656 |
| 5. The name and | | stered agent and registered office on fil | |
| | 23901 SW 122 AVEHC | MESTEAD, FL 33031 | |
| | ALEXANDER ROS | | 20 TA |
| | | | ECRETALAHA |
| 6. The name and (if changed): | I street address of the new register | ed agent (if changed) and /or registered | N25 PR |
| | 23901 SW 212 AVE HO | DMESTEAD FL 33031 | |
| | ALEXANDER ROS | | 7011 3116 6 4 |
| | P.O. 1 | Box NOT acceptable | |
| The street addre | ess of its registered office and the be identical. | street address of the business office of | of its registered agent, |
| Such change wa authorized by th | s authorized by resolution duly a board, or the corporation has b | dopted by its board of directors or by een notified in writing of the change. | an officer so |
| Stenatu | re of an diffeer or director | ALEXANDER ROS (| , |
| I hereby accepts I further agree to performance of agent. Or, if the | the appointment as registered ag to comply with the provisions of a my duties, and I am familiar with | ent and agree to act in this capacity. Ill statutes relative to the proper and a and accept the obligation of my posi to reflect a change in the registered o | complete tion as registered |
| <u> </u> | | 6/7/2018 | |
| Sign | nature of Registered Agent | Date | |
| If signing on bel | half of an entity: | | |
| Alexal | ped or Printed Name | | |

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