

(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:	
	<u> </u>

Office Use Only



600305784666

11/21/17--01008--012 **35.00

17 NOV 20 AHII: 43

rache

R. WHITE



CSC - WILMINGTON
251 Little Falls Drive
Wilmington De 19808

800-927-9800 302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Ashley Jiminez

ashley.jiminez@cscglobal.com

Date: November 16, 2017

Order#: 917722/010

Re: 1035 PROPERTIES, INC.

Enclosed please find:

XX Change of Registered Agent and Office.

XX Check in the amount of \$35.00.

Please take the following action:

XX File in your office on a routine basis.

XX Issue Proof of Filing.

XX Return Regular Mail in the enclosed envelope.

Attn:Ashley Jiminez | c/o Corporation Service Company 251 Little Falls Drive

Wilmington, DE 19808

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

INCA.XCOA

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

	1 1	507.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this	
	- · · · · · · · · · · · · · · · · · · ·	corporation organized under the laws of the State of FLORIDA	
	ţ	ed office or registered agent, or both, in the State of Florida.	
1. The name of	the corporation: 1035 P	ROPERTIES, INC.	_
2. The principal	office address: 1035 N	.W. 21 TERRACE, MIAMI, FL 33127	
			_
3. The mailing a	address (if different):		
4. Date of incor	poration/qualification	01/13/1999 Document number: P99000003498	
5. The name and	P P	rrent registered agent and registered office on file with the	
	FUHRMAN, TOM		
	4430 SANTA MARIA		
	CORAL GABLES, FIL	33146	
6. The name and (if changed):		ew registered agent (if changed) and /or registered office T SCORD	
	Corporation Service C	Company HD V	11
	1201 Hays Street		- <u> </u>
		P.O. Box NOT acceptable	T :
	Tallahassee	FL 32301	-
The street address changed will	ess of its registered offi be identical.	ce and the street address of the business office of its registered agent,	
Such change wa authorized by th	as authorized by resolution board, or the corpora	tion duly adopted by its board of directors or by an officer so it in writing of the change.	
5		Suzanne P. Furhman, Director	
•	ire of an officer or director	Printed or typed name and title	
I further agree performance of agent. Or, if the hereby confirm Corporation	to comply with the prov my duties, and I am fai is document is being fil	distered agent and agree to act in this capacity. visions of all statutes relative to the proper and complete miliar with and accept the obligation of my position as registered led merely to reflect a change in the registered office address, I is been notified in writing of this change. y	
By: L	nature of Registered Agent	November 15th, 2017 Date	
If signing on be	half of an entity:		
Grace E. Kirby,	Asst. Vice President		
T	yped or Printed Name		
	*	* FILING FEE: \$35.00 * * *	
M	MAKE CHECKS I AIL TO: DIVISION OF CO	PÄŸABLE TO FLORIDA DEPARTMENT OF STATE DEPORATIONS, P.O. BOX 6327. TALLAHASSEE, FL 32314	

CR2E045 (03/12)