

PD90000/8327

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

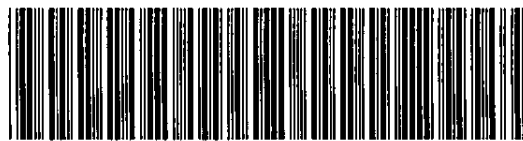
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



400239143404

09/04/12--01024--005 **35.00

PD Change

FILED
12 SEP -4 PM 1:12
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

SEP - 5 2012

T. LEWIS

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: SERENITY ENTERPRISES OF AMERICA, CORP.
Name of Corporation

DOCUMENT NUMBER: P09000018327

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:

GONZALEZ, ALEXANDRA
Name of Contact Person

SERENITY ENTERPRISES OF AMERICA, CORP.
Firm/Company

2637 E ATLANTIC BLVD #22208
Address

POMPANO BEACH FL 33062
City/State and Zip Code

HECTOR@SERENITYENTERPRISES.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

HECTOR GONZALEZ at (954) 934-9485
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: SEPERITY ENTERPRISES OF AMERICA, CORP.
2. The principal office address: 2637 E ATLANTIC BLVD # 22208
POMPANO BEACH, FL 33062
3. The mailing address (if different): _____

4. Date of incorporation/qualification: 02/26/2009 Document number: P09000018327
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)

GONZALEZ, ALEXANDRA
4010 CRESCENT CREEK CT
COCONUT CREEK, FL 33073

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

GONZALEZ, ALEXANDRA
2637 E ATLANTIC BLVD #22208
P.O. Box NOT acceptable
POMPANO BEACH, FL 33062

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]
Signature of an officer or director

ALEXANDRA GONZALEZ
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]
Signature of Registered Agent

08/27/2012
Date

If signing on behalf of an entity:

ALEXANDRA GONZALEZ
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)

FILED
12 SEP -4 PM 1:12
TALLAHASSEE, FLORIDA
SECRETARY OF STATE