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R. WHILE

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## **COVER LETTER**

TO:	Amendment Section Division of Corporation	ns				
SUBJI	ЕСТ:		IT LTD. INCORPORATED			
		Name of Co	rporation			
DOCU	MENT NUMBER:	F1600002108				
The en	closed Statement of Cha	ange of Registered Office	Agent and fee are submitted for filing.			
Please	return all corresponden	ce concerning this matter	to the following:			
		FRANCESCO VO	OLPE			
Name of Contact						
		7	.h			
	<del></del>	Hirm Cod	onany			
		i init equ	ilpairy			
		12535 SW 141	th PL Davie FL 33325			
	·	Addre	ess			
		DAME EL 222	25			
		DAVIE, FL 333 City/State and				
	Ony, Sums and 2.1p Code					
	FVOLPE2010@GMAIL.COM					
E-mail address: (to be used for future annual report notification)						
For fu	ther information concer	ning this matter, please ca	ill:			
	FRANCESCO VOLPE		at ( 786)277-4443			
	Name of Conta		at ( /86)2/7-4443 Area Code & Daytime Telephone Number			
Enclos	ed is a \$35.00 check ma	de payable to the Departn	nent of State.			
	Mailir	ng Address:	Street Address:			
	Amen	dment Section	Amendment Section			
		on of Corporations	Division of Corporations			
		3ox 6327 passee FL 32314	Clifton Building 2661 Executive Center Circle			
	Ialiai	DISSEE PT. 1/114	ZONI EXECUTIVE L'ENTER L'ITCLE			

Tallahassee, FL 32301

TO:

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

Pursuant to the provisions of sections of statement of change is submitted for a in order to change its register	corporation organi	zed under the laws of the S	State of FLORIDA			
The name of the corporation:	MISAL INVESTM	ENT LTD. INCORPORA	TED			
2. The principal office address:	12535 SW 14th PL					
	DAVIE, FL 33325		······································			
3. The mailing address (if different):	<del></del>					
4. Date of incorporation/qualification:	5/6/2016	Document number:	F16000002108			
5. The name and street address of the c Florida Department of State: (If resignation		•	on file with the			
	HERNAN RO	DRIGUEZ	<u>—— ≥≤ <b>5</b></u>			
	55 MERRICK WAY SUITE 214			1		
	CORAL GABLE	ES, FL 33134		* 04 4MI *** BC*		
6. The name and street address of the n (if changed):	new registered agent	t (if changed) and /or regis	tered office &			
FRA	NCESCO VOLPE					
125	35 SW 14th PL P.O. Box NOT a					
Dav	ie FL 33325	ссерьяюе				
The street address of its registered off as changed will be identical.	ice and the street a			,		
Such change was authorized by resolu authorized by the brand, of the corpor	ition duly adopted la ation has been noti	by its board of directors of fied in writing of the char	r by an officer so nge.			
11 1111 10174	<del></del>	Michele Vo				
I hereby accept the appointment as re I further agree to comply with the property performance of my duties, and I am fa agent. Or, if this document is being fit hereby confirm that the corporation h	vicions of all statu	tes relative to the proper of cept the obligation of my cet a change in the register writing of this change.  09/30	city. and complete position as registered red office address, I			
Signature of Registered Agent If signing on behalf of an entity:		Date				
Typed or Printed Name	· · · · · · · · · · · · · · · · · · ·					

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