P13000063936

(Requestor's Name) (Address)	800
(Address)	000
(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	0
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of Status	
Special Instructions to Filing Officer:	
Office Use Only	



800307325908

01/08/1**8--**01016--004 **35.00

2018 JAN -8 A O 5

JAH 0 9 2018 T. LEMIEUX MO

COVER LETTER TO: Amendment Section **Division of Corporations** Made for You **DOCUMENT NUMBER:** 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: Made Ful You INC For further information concerning this matter, please call:

Name of Contact Person

at (6/9) 309-9900

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 <u>florida</u> in order to change its registered office or registered agent, or both, in the State of Florida.
1. The name of the corporation: Made Fur You InC 2. The principal office address: 12121 1; HIR Rd #324 Hudson F134667
2. The principal office address: 12121 1/HIR RO #324 Hudson F134667
3. The mailing address (if different):
4. Date of incorporation/qualification: 7-23-2012 Document number: P12000063986
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)
Brent Scott
1212/ little Rd #324
Hudson F1 34667
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):
Joanna lee
12121 17-He 12d #324 15 = 1
P.O. Box NOT acceptable
Hud Son F1 34667
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 Joanna Lee Pres, Non+
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 Date
If signing on behalf of an entity:
Typod 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)