

P160000 20075

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

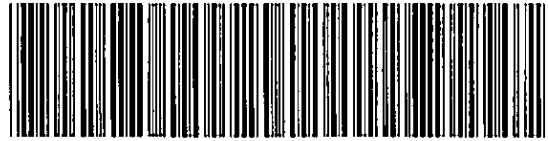
(Business Entity Name)

(Document Number)

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APR 17 2020
S. YOUNG

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: ADASTRA REAL ESTATE INC
Name of Corporation

DOCUMENT NUMBER: P16000020075

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:

ELEONORA DEPALMA

Name of Contact Person

ELEONORA DEPALMA PA

Firm/Company

350 LINCOLN ROAD 2nd Floor

Address

MIAMI BEACH FL 33139

City/State and Zip Code

ELEONORA.DEPALMA@GMAIL.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ELEONORA DEPALMA

Name of Contact Person

at (305) 439-2033

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
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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: ADASTRA REAL ESTATE INC
- 2. The principal office address: C/O ELEONORA DEPALMA PA
350 LINCOLN ROAD 2nd Floor MIAMI BEACH FL 33139
- 3. The mailing address (if different): _____
- 4. Date of incorporation/qualification: 03/18/2018 Document number: P16000020075
- 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)


BUSINESS ASSISTANCE INC
13499 BISCAYNE BOULEVARD STE TS-1
NORTH MIAMI, FL 33181

- 6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):
- ELEONORA DEPALMA PA
350 LINCOLN ROAD 2nd Floor MIAMI BEACH FL 33139
 P.O. Box NOT acceptable
MIAMI BEACH FL 33139

DEPARTMENT OF STATE
 DIVISION OF CORPORATIONS
 111 APPALACHIAN BLVD
 TALLAHASSEE, FL 32310
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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

ELEONORA DEPALMA - Secretary

 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 of Registered Agent

03/26/2020

 Date

If signing on behalf of an entity:

Eleonora Depalma

 Typed or Printed Name

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