I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered. SIGNATURE: CLIFFORD AGNANT

Electronic Signature of Signing Officer/Director Detail

DOCUMENT# P1000002561 Entity Name: MOVING FROM AND RELOCATION INC

Current Principal Place of Business:

2017 FLORIDA PROFIT CORPORATION ANNUAL REPORT

3389 SHERIDAN ST. 194 HOLLYWOOD, FL 33021

Current Mailing Address:

3389 SHERIDAN ST. #194 HOLLYWOOD, FL 33021 US

FEI Number: 38-3874012

Name and Address of Current Registered Agent:

AGNANT, CLIFFORD 3389 SHERIDAN ST. 194 HOLLYWOOD, FL 33021 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

Of

Title	Р	Title	TREASURER
Name	AGNANT, CLIFFORD	Name	PETERS, MELISSA
Address	3389 SHERIDAN ST. 194	Address	3389 SHERIDAN ST. 194
City-State-Zip:	HOLLYWOOD FL 33021	City-State-Zip:	HOLLYWOOD FL 33021

	Electronic Signature of Registered Ager	ıt		
fficer/Di	rector Detail :			
tle	P	Title	TREASURER	
ame	AGNANT, CLIFFORD	Name	PETERS, MELISSA	
ddress	3389 SHERIDAN ST.	Address	3389 SHERIDAN ST.	

PRESIDENT

05/01/2017

FILED May 01, 2017 Secretary of State CC2197366008

Certificate of Status Desired: No

Date

Date