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COVER LETTER

TO:	Amendment Section Division of Corporations
SUBJI	ECT: THE MONKS OF ADORATION, INC. Name of Corporation
DOCL	JMENT NUMBER: F01000002067
The en	closed Statement of Change of Registered Office/Agent and fee are submitted for filing.
Please	return all correspondence concerning this matter to the following:
	TOHN RAYMOND Name of Contact Person
	THE MONKS OF ADORATION, INC.
	2591 CORTENOVA CT. Address
	VEHICE FL 3 4292 City/State and Zip Code
	TOHARAYMOND 670) @ COMCAST, NET E-mail address: (to be used for future annual report notification)
For fu	rther information concerning this matter, please call:
	TO 172 KAYMOND at (941) 447 - 5063 Name of Contact Person Area Code & Daytime Telephone Number
	Name of Contact Person Area Code & Daytime Telephone Number
Enclos	sed 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

4	THE MANY OF DO-ANT	1 Talo
The name of the corporation: THE MONILS OF APORATION, INC. The principal office address: 35 KINGSTON ST., BOSTON MA 02111		
2. The principa	al office address: 33 KINGSTON SI, 60370N	MX 07 111
3. The mailing	g address (if different):	
4. Date of inco	prporation/qualification: 1127187 Document number:	201358973660
	and street address of the current registered agent and registered office opartment of State: (If resigned, enter resigned)	on file with the
	CRAIG DRISCOLL	
	1666 112 9TH ST. 1/2	
	C L - A	
6. The name an (if changed):	and street address of the new registered agent (if changed) and /or registered agent (if changed) are registered agent (if changed) and /or registered agent (if changed) are registered agent (if chang	istered office TR TO
	JOHN RAYMOND	
	2591 CORTENOVA CT P.O. Box NOT acceptable	
	VENICE, FL 34292	T->
The street addr	dress of its registered office and the street address of the business of ill be identical.	
Such change wauthorized by t	was authorized by resolution duly adopted by its board of directors of the board, or the corporation has been notified in writing of the cha	or by an officer so ange.
Johnston	Lamand Jolly RAY mon attree or an officer or director Printed or typed n	D TREASURER DIRECTO
I hereby accep I further agree performance o agent. Or, if the hereby confirm	pt the appointment as registered agent and agree to act in this capa e to comply with the provisions of all statutes relative to the proper of my duties, and I am familiar with and accept the obligation of my this document is being filed merely to reflect a change in the registe m that the corporation has been notified in writing of this change.	acity, - and complete y position as registered ered office address, I
~ 0	Name and 3/16/16	
John	Signature of Registered Agent Date	

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

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