Florida Department of State

Division of Corporations **Electronic Filing Cover Sheet**

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Division of Corporations

Fax Number : (850)617-6380

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Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (614)280-3338 Fax Number : (954)208-0845

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

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REGISTERED AGENT CHANGE THE OFFICE CLUB, INC.

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Corporate Filing Menu

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

statement of cha	nge is submitted for	a corporation organi	t, 607,1508, or 617,1508, zed under the laws of the red agent, or both, in the i	State of	CA	this	
1. The name of t	he corporation: The	Office Club, Inc.					
2. The principal	office address: 6600	North Military Trail, B	oca Raton, FL 33496				
3. The mailing a	ddress (if different)	:					
4. Date of incorp	poration/qualification	n: <u>8/7/2002</u>	Document number:	F020000	04036		
		ne current registered as esigned, enter resigned	gent and registered office (on file w	ith the		
	Corporate Creations	Network, Inc.					
	11380 Prosperity Fa	rms, Road #221E, Palm	Beach Gardens, FL 33410			20	
						Jf. 61	اد ارے
6. The name and (if changed):	l street address of th	ne new registered agen	t (if changed) and /or regi	stered of	Tice	2019 JUN -7 J	. 258
	CT Corporation Sy	stem			•	AH 10:	
	e/o C T Corporation	System, 1200 South Pi	ne Island Road		• -): 02	
	Plantation, Florida	P.O Box NOT: 33324	eccepinble				
The street address changed will	ess of its registered be identical.	office and the street a	ddress of the business of	Tice of it	s registe	red agen	.1.
			by its board of directors of the cha				
/ YMM	الكران إلى re of an officer or director		Jessica Eisele Vice Preside		ie		
I her by accept I fix her agree performance of avons. Or if th	the appointment a to comply with the my duties, and I ar is document is bein	s registered agent and provisions of all statu n familiar with and ac v filed merely to refte	l agree to act in this capa tes relative to the proper cept the abligation of my et a change in the registe writing of this change.	icity. and con position	nplete n as revis	stered ss, I	
By: TCor	poration System		6/5/2019				
——————————————————————————————————————	mature of Registered Agen	Alfred	Younan				
If signing on be	half of an entity:	Assistant	Secretary				
T	yped 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)