# F0800005332

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### **COVER LETTER**

TO: Amendment Section Division of Corporations

SUBJECT: 2188340 ONTARIO INC.

Name of Corporation

DOCUMENT NUMBER, F08000005332

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:

Andres Blanco

Name of Contact Person

Registered Agent Solutions, Inc.

Firm/Company

1701 Directors Blvd., Suite 300

Address

Austin, TX 78744

City/State and Zip Code

clientservices@rasi.com

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

For further information concerning this matter, please call:

Andres Blanco

888 (705-727

Name of Contact Person

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

statement of cha	e provisions of sections 607.0302, 617.0302, 607.1308, or 617.1308, Florida Statutes, this hange is submitted for a corporation organized under the laws of the State of Onland ler to change its registered affice or registered agent, or both, in the State of Florida.	<del></del>	
1. The name of the control of the principal of the principal of the control of th	f the corporation: 2188340 ONTARIO INC. al office address: 50 DUFFLAW ROAD TORONTO, ON M6A 2-W1 CA		<del></del>
3. The mailing a	address (if different):	<del></del>	
4. Date of incom	prporation/qualification: 12/15/2008 Document number: F08000005332		
	nd street address of the current registered agent and registered office on file with the sartment of State: (If resigned, enter resigned)		
•	CORPORATION SERVICE COMPANY		
	1201 HAYS STREET	•	
	TALLAHASSEE, FL 32301-2525		
6. The name and (if changed):	nd street address of the new registered agent (if changed) and /or registered office ):	₹ 22°	
	Registered Agent Solutions, Inc.	2016 NAY	يبلت
	155 Office Plaza Dr. Suite A		****
	Tallahassee, FL 32301	12 P	l Fr
The street address changed will	iress of its registered office and the street address of the business office of its registered iil be identical.	•	
Such change wanthorized by the	was authorized by resolution duly adopted by its board of directors or by an officer so the board, or the corporation has been notified in writing of the change.	<b>-</b> 2	
Signali	MERLEY BOSILIER ASSISTANT STORE  Attract of profiler or director  MERLEY BOSILIER ASSISTANT STORE	TARY	
I hereby accept I further agree performance of agent. Or, if th hereby confirm	pt the appointment us registered agent and agree to act in this capacity, e to comply with the provisions of all statutes relative to the proper and complete of my duities, and I am familiar with and accept the obligation of my position as registers this document is being filed merely to reflect a change in the registered office address, I m that the corporation has been notified in writing of this change.  Signater of Registered Agent Dele behalf of an entity.		
	Typed 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)

#### **COVER LETTER**

TO: Amendment Section Division of Corporations

SIRPORT, 2188340 ONTARIO INC.

Name of Corporation

DOCUMENT NUMBER F08000005332

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Please return all correspondence concerning this matter to the following:

**Andres Blanco** 

Name of Contact Person

Registered Agent Solutions, Inc.

Firm/Company

1701 Directors Blvd., Suite 300

Address

Austin, TX 78744

City/State and Zip Code

clientservices@rasi.com

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

For further information concerning this matter, please call:

**Andres Blanco** 

388 \705-7

Name of Contact Person

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

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

CR2E045 (03/12)

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

statement of cha	provisions of sections 607.0302, 617.0302, 607.1308, or 617.1308, Florida Statutes, this  inge is submitted for a carporation organized under the laws of the State of Ontario  r to change its registered office or registered agent, or both, in the State of Florida.
•	the corporation: 2188340 ONTARIO INC.
2. The principal	office address: 50 DUFFLAW ROAD TORONTO, ON M6A 2-W1 CA
3. The mailing a	ddress (if different):
4. Date of incorp	poration/qualification: 12/15/2008 Document number: F08000005332
	istreet address of the current registered agent and registered office on file with the remember timent of State: (If resigned, enter resigned)
	CORPORATION SERVICE COMPANY
	1201 HAYS STREET  TALLAHASSEE, FL 32301-2525
	TALLAHASSEE, FL 32301-2525
6. The name and (if changed):	d street address of the new registered agent (if changed) and /or registered office.
	Registered Agent Solutions, Inc.
	155 Office Plaza Dr. Suite A
	P.O. Box NOT acceptable Tallahassee, FL 32301
The street address changed will	ess of its registered office and the street address of the business office of its registered agent, be identical.
Such change we authorized by it	as authorized by resolution duly adopted by its board of directors or by an officer so he board, or the corporation has been notified in writing of the change.
	MEGLEY BIRLLING ASSISTANT SCORETARY  WE COLD TO THE OF LY SECTION OF LAND THE OF LY SECTION OF LY SE
I hereby accept I further agree performance of agent. Or, if the hereby confirm	the appointment us registered agent and agree to act in this capacity, to comply with the provisions of all statutes relative to the proper and complete my duties, and I am familiar with and accept the obligation of my position as registered is document is being filed merely to reflect a change in the registered office address, I that the corporation has been notified in writing of this change.
If signing on be	half of an entity.
	yped or Printed Name

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR2E045 (03/12)

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