

(Requestor's Name)	
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PICK-UP WAIT	MAIL
(Business Entity Name	e)
(Document Number)	
Certified Copies Certificates	of Status
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2018 MAY 17 AM 9: 30 SECRETARY OF STATE ALLAHASSEF, FIRRID

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MAY 18 2018 I ALBRITTON

CORPORATE WZ

When you need ACCESS to the world

INC.

236 East 6th Avenue, Tallahassee, Florida 32303 P.O. Box 37066 (32315-7066) ~ (850) 222-2666 or (800) 969-1666, Fax (850) 222-1666

WALK IN							
		PICK	UP: $\frac{5/17/18}{}$				
		CERTIFIED COPY					
	A	РНОТОСОРУ					
		cus					
	Ø	FILING	Amendment				
1.		CENTIN INVESTME	ENTS INC.				
2.							
		(CORPORATE NAME AND DOCUM	ENT#)				
3.		(CORDONATE MANE AND DOCUM	PAPP IN				
		(CORPORATE NAME AND DOCUM	ENI#)				
4.		(CORPORATE NAME AND DOCUM	ENT =)				
5.							
	•	(CORPORATE NAME AND DOCUM	ENT#)				
6.	-	(CORDORATE MANG AND DOCUM					
		(CORPORATE NAME AND DOCUM	ENT#)				
	SPECIAL INSTRUCTIONS:						

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

statement of change is submitted for a corporat	, 617.0502, 607.1508, or 617.1508, Florida Statutes, ion organized under the laws of the State of or registered agent, or both, in the State of Florida.	this
1. The name of the corporation: CENTIN II	NVESTMENTS INC.	
66 White Street, Unit 501	I, NEW YORK, NY 10013	
3. The mailing address (if different):		
4. Date of incorporation/qualification:08/28	8/2009 Document number: F090000034	458
5. The name and street address of the current reg Florida Department of State: (If resigned, ento	gistered agent and registered office on file with the er resigned)	
CRAIG T GALLE		
13501 SOUTH SHOR	E BLVD, #103	
WELLINGTON, FL 3	3414	S 29
6. The name and street address of the new registe (if changed): NRAI Services,	ered agent (if changed) and /or registered office	DIBMAY 17 AM SECRETARY OF
1200 South Pine		ν ₁ 🐧 (
Plantation FL,	Box NOT acceptable	
	e street address of the business office of its register	ed agent.
	adopted by its board of directors or by an officer so been notified in writing of the change.	
Signature of an officer or director	Eugenio Snichelotto, President	
hereby accept the appointment as registered a further agree to comply with the provisions of performance of my duties, and I am familiar with	Printed or typed name and title gent and agree to act in this capacity, all statutes relative to the proper and complete th and accept the obligation of my position as regist to reflect a change in the registered office address officed in writing of this change.	tered ;, I
Hulf Vige	5/1/18	
Signal are of Registered Agent	Date	
t signing on behair of an entity:		
Keith Vega	_	
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)