

Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : CORPORATE CREATIONS INTERNATIONAL INC.

Account Number : 110432003053 : (561)694-8107 Phone Fax Number : (561)694-1639

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

Email Address: REGISTERED AGENT CHANGE FELMAN TRADING, INC. Certificate of Status Certified Copy 0 Page Count 02 Estimated Charge \$35.00

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Corporate Filing Menu

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

Pursuant to the provisions of sections 607.0502, 617. statement of change is submitted for a corporation or in order to change its registered office or re	
1. The name of the corporation: Felman Tradir	
3. The mailing address (if different):	
4. Date of incorporation/qualification: 06/22/20	10 Document number: F10000002846
5. The name and street address of the current register Florida Department of State: (If resigned, enter res	
Powell, Robert	
200 S. BISCAYNE BLV	D., SUITE 5500
MIAMI, FL 33131	
6. The name and street address of the new registered (if changed):	agent (if changed) and /or registered office
Corporate Creations Ne	etwork Inc.
11380 Prosperity Farms	S HOad #221E
P.O. Box	NOT seceptable
Palm Beach Gardens, F	FL 33410 → → →
as changed will be identical.	rect address of the business office of its registered agent,
Such change was authorized by resolution duly ado authorized by the board, or the corporation has been	pted by its board of directors or by an officer so n notified in writing of the change.
Signafure of ad othicer of director	Karen Montano, Attorney-in-Fact
I hereby accept the appointment as registered agen I further agree to comply with the provisions of all performance of my duties, and I am familiar with a agent. Or, if this document is being filed merely to hereby confirm that the corporation has been notifi	t and agree to act in this capacity. statutes relative to the proper and complete nd accept the obligation of my position as registered reflect a change in the registered office address, I ted in writing of this change.
KIN In Tarre	12/28/2017
Signature of Registered Agent	Date
If signing on behalf of an entity:  Karen Montano, Special Secretary	
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 (63/12)