

F14000005355

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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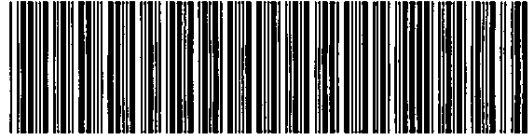
(Business Entity Name)

(Document Number)

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DIVISION OF CORP. SERVICES
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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: THOR PROPERTY SOLUTIONS, INC.
Name of Corporation

DOCUMENT NUMBER: F14 00000 5355

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:

FRANCISCO KLATIL NETO
Name of Contact Person

THOR PROPERTY SOLUTIONS, INC.
Firm/Company

544 WARREN LANE
Address

KEY BISCAIYNE/FL - 33149
City/State and Zip Code

FRANCISCO@THORPSI.COM

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

For further information concerning this matter, please call:

FRANCISCO KLATIL NETO
Name of Contact Person

at (786) 501-5297
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**

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of NEVADA in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: THOR PROPERTY SOLUTIONS, INC.
2. The principal office address: 544 WARREN LANE - KEY BISCAYNE/FL - 33149

3. The mailing address (if different): _____

4. Date of incorporation/qualification: 11/19/2014 Document number: F14000005355

5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

BUSINESS FILINGS INCORPORATED
1200 SOUTH PINE ISLAND ROAD
PLANTATION/FL - 33324

6. The name and street address of the new registered agent (if changed) and/or registered office (if changed):

FRANCISCO KLATIL NETO
544 WARREN LANE
P.O. Box NOT acceptable
KEY BISCAYNE/FL - 33149

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

Francisco Klatil Neto
Signature of an officer or director

FRANCISCO KLATIL NETO
Printed or typed name and title

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.

Francisco Klatil Neto
Signature of Registered Agent

12/18/2015
Date

If signing on behalf of an entity:

Typed or Printed Name

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

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE

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DIVISION OF CORPORATION
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