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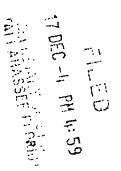


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## **COVER LETTER**

TO: Amendment Section Division of Corporations			
SUBJECT: FLOREAL CORPORATION  Name of Corporation			
DOCUMENT NUMBER: F15000003172			
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:			
Name of Contact Person			
lex <u>International</u> Firm/Company			
100 SE 2nd St # 2222			
Micmi FL 33131 City/State and Zip Code			
E-mail address: (to be used for future annual report notification)			
For further information concerning this matter, please call:			
Name of Contact Person at (305) 358-9990  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			

CR2E045 (03/12)

## 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 ted for a corporation organized under the laws of the State of Florida N
statement of change is submit in order to change it	s registered office or registered agent, or both, in the State of Florida.
	n: FLOREAL CORPORATION
2. The principal office addres	s: 901 Pennsylvania Avenue, Suite 3-100
MianiBea	ch, FL 33139
3. The mailing address (if dif	ferent):
4. Date of incorporation/qual	ification: 07/17/2015 Document number: F 15 0 0 0 0 0 3 1 7 2
5. The name and street address Florida Department of Stat	ss of the current registered agent and registered office on file with the e: (If resigned, enter resigned)
_IBI :	INTER BIT INC
	Alton Road # 500
Mia	ni Beach, FL 33139 DE SF
(if changed):	ss of the new registered agent (if changed) and /or registered office
IBI	101180 1018 400
901 Pa	nnsylvania Avenue, Suite 3-500 P.O. Box NOT acceptable
	Beach, FL 33139
	stered office and the street address of the business office of its registered agent,
Such change was authorized authorized by the board, or t	by resolution duly adopted by its board of directors or by an officer so he corporation has been notified in writing of the change.
Signature of an officer of	TSEM, DIRECTOR.  Printed or typed name and title
	nent as registered agent and agree to act in this capacity. th the provisions of all statutes relative to the proper and complete nd I am familiar with and accept the obligation of my position as registered is being filed merely to reflect a change in the registered office address, I poration has been notified in writing of this change.
	Nov. 28, 2017
Signature of Register	red Agent Date
If signing on behalf of an en	
Lucius Sine da Typed of Printed N	for Exex Inc.
.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	* * * 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)