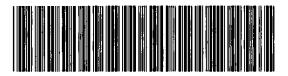
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(Requestor's Name)	
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PICK-UP WAIT MAIL	·
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(Document Number)	
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COVER LETTER

TO:	Amendment Section Division of Corporations
SUBJ	ECT: EXPONENTS , S.A. INC. Name of Corporation
DOC	UMENT NUMBER: <u>F1600000373</u>
The en	nclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.
Please	return all correspondence concerning this matter to the following:
	Lorena Zuccolillo
	Name of Contact Person
	Firm/Company
	230 Ocean Blvd
	Address
	Golden Beach, Fl 33160
	City/State and Zip Code
	Zuccolillo.lorena@gmail.com
	E-mail address: (to be used for future annual report notification)
For fu	rther information concerning this matter, please call:
	Lorena Zuccolillo at (305) 331-8354
	Lorena Zuccolillo at (305) 331-8354 Name of Contact Person Area Code & Daytime Telephone Number
Enclo	sed is a \$35.00 check made payable to the Department of State.
	Mailing Address: Street Address:
	Amendment Section Amendment Section
	Division of Corporations P.O. Box 6327 Division of Corporations Clifton Building
	Tallahassee, FL 32314 2661 Executive Center Circle

Tallahassee, FL 32301

TO:

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
in order to change its registered office or registered agent, or both, in the State of Florida.
1. The name of the corporation: EXPONENTS, SA., INC.
2. The principal office address: 230 Ocean Blvd
Golden Beach, Fl 33160
3. The mailing address (if different): same
4. Date of incorporation/qualification: 01/25/2016 Document number: F1600000373
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)
GY Corporate Services, Inc
GY Corporate Services, Inc 600 Brickell Avenue, Suite 3500
Miami, Fl 33131 SST 2 U
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):
Lorena Zuccolillo
230 Ocean Blvd
P.O. Box NOT acceptable
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.
Signature of arollicer or director Lorena Zuccolillo - pvesso - T 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.
116 4/17/17
Signature of Registered Agent Date If signing on behalf of an entity:
LONEMA ZUCCOLILLO
Typed or Printed Name

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