

F1700000 2212

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

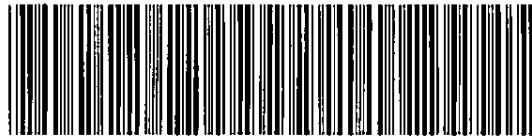
(Business Entity Name)

(Document Number)

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17 AUG 30 PM 4:36

2017 AUG 30 PM 4:29

AUG 31 2017
C McNAIR

CORPORATION SERVICE COMPANY
1201 Hays Street
Tallahassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 790539 7658329

AUTHORIZATION :

COST LIMIT :

\$35.00

2017 AUG 30 PM 4:29

ORDER DATE : August 30, 2017

ORDER TIME : 3:29 PM

ORDER NO. : 790539-005

CUSTOMER NO: 7658329

CHANGE OF AGENT

NAME: THE OLIVE LAB INC.

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

____ CERTIFIED COPY
XX _____ PLAIN STAMPED COPY

CONTACT PERSON: Melissa Zender

EXAMINER'S INITIALS: _____

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 Delaware
_____ in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: The Olive Lab Inc.
2. The principal office address: 1850 ELLER DR STE 402 FORT LAUDERDALE, FL 33316

3. The mailing address (if different): _____

4. Date of incorporation/qualification: May 15, 2017 Document number: F17000002212

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)

COGENY GLOBAL INC.

115 NORTH CALHOUN STREET SUITE 4

TALLAHASSEE, FL 32301

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

Valciria Silva

1850 ELLER DR STE 402

P.O. Box NOT acceptable

FORT LAUDERDALE, FL 33316

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 an officer or director

Valciria Silva

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.*


Signature of Registered Agent

8/30/2017

Date

If signing on behalf of an entity:

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)

2017 AUG 30 PM 4:25
FILED
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA