## F18000 000 067

	(Requestor's Name)
	(Address)
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	(City/State/Zip/Phone #)
PICK-UF	P WAIT MAIL
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	(Document Number)
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## **COVER LETTER**

TO: Amendment Section Division of Corporations
SUBJECT: Worthy Peer Capital One. Name of Corporation
DOCUMENT NUMBER: F18 000000067
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 Contagt Person  Worthy Per Capital One.  Firm/Company
551 NW 77 th Street, brite 212
Boca Roton FZ 33487 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:    Onloan
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 Porton 100.000 and 100.00
in order to change its registered office or registered agent, or both, in the State of Florida.  1. The name of the corporation: Worky Peer Capital One
2. The principal office address: 55 NW 17 th Street, Suite 212  Bo ca Raton, FZ 33 487
3. The mailing address (if different):
4. Date of incorporation/qualification: 1-5-18 Document number: F18000000067
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)
JACOBS, ALAN 4400 N FEDERAL HIGHWAY STE 210-12 BOCA RATON, FL 33431
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):
Boca Ratan, FZ 33487
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  I hereby accept the appointment as registered agent and agree to act in this capacity.
I fulther 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 Date  If signing on behalf of an entity:  Three Let Printed Name

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

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