

(Requestor's Name)			
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PICK-UP WAIT MAIL			
(Business Entity Name)			
(Document Number)			
(Socialism Names)			
Certified Copies Certificates of Status			
Special Instructions to Filing Officer:			
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S. YOUNG

COVER LETTER

TO:	Amendment Section Division of Corporations				
	Route 105, Inc				
SUBJ	Name of Corporation				
	F18000001174				
DOC	JMENT NUMBER:				
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:				
	James Rassi				
	Name of Contact Person				
	Route 105, Inc				
Firm/Company					
14422 Shoreside Way, Suite 110, PMB 246					
Address Winter Garden, FL 34787 City/State and Zip Code					
					nat@jnrassi.com
					E-mail address: (to be used for future annual report notification)
	rther information concerning this matter, please call: es N Rassi 217 841-9207				
Jame	at ()				
	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: Amendment Section Street Address: Amendment Section				
	Division of Corporations Division of Corporations				
	P.O. Box 6327 Clifton Building Tallahassee, FL 32314 2661 Executive Center Circle				
	Tallahassee, FL 32314 2661 Executive Center Circle Tallahassee, FL 32301				

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. STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

rursuant to the provisions of sections 607.0302, 617.0302 statement of change is submitted for a corporation organi	zed under the laws of the State of		
in order to change its registered office or register	red agent, or both, in the State of Florida.		
1. The name of the corporation:			
2. The principal office address:	y, Suite 110, PMB 246		
3. The mailing address (if different):			
4. Date of incorporation/qualification: March 8, 2018	F18000001174 Document number:		
5. The name and street address of the current registered ag Florida Department of State: (If resigned, enter resigned			
RASSI, JAMES			
14030 ATLANTIC BLVD, UNIT 3412			
JACKSONVILLE, FL 32225			
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):			
RASSI, JAMES			
14422 Shoreside Way, Suite 110,	PMB 246		
Winter Garden, FL 34787	ecceptuble ASS		
The street address of its registered office and the street a as changed will be identical.	ddress of the business office of its registered agent		
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.			
But I Fam.	James Rassi, President		
Signature of an officer or director	Printed or typed name and title		
I hereby accept the appointment as registered agent and I further agree to comply with the provisions of all status performance of my duties, and I am familiar with and accument. Or, if this document is being filed merely to reflect hereby confirm that the corporation has been notified in	tes relative to the proper and complete ecept the obligation of my position as registered ct a change in the registered office address, I		
La flata.	9/8/18		
Signature of Registered Agent	Date		
If signing on behalf of an entity:			
Typed or Printed Name			

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