F19000001002

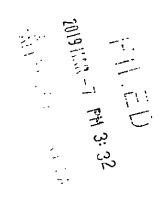
(Requ	uestor's Name))
(Address)		
(Address)		
(City/	State/Zip/Phor	ne #)
PICK-UP	☐ WAIT	MAIL
(Business Entity Name)		
(Document Number)		
Certified Copies	Certificate	es of Status
Special Instructions to Filing Officer:		

Office Use Only



900325584489

U3/U7/19--U1814--U28 ++35.00



MAR 1 6 2018

I ALBRITTON

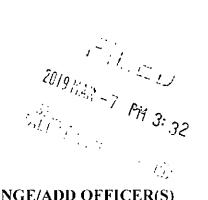
COVER LETTER

Division of Corporations
SUBJECT: Rath Evol Corp. Name of Corporation
DOCUMENT NUMBER: F1900001000
The enclosed Affidavit by Foreign Corporation to Change/Add Officer(s) and/or Director(s) and fee a submitted for filing.
Please return all correspondence concerning this matter to the following:
Britiney M. Cyns Name of Contact Person
Firm/Company
1 Company
12407 SW103, OL Address
Migmi FL 33170 City/State and Zip Code
M. Ayia. In rangem @ amail. Com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Name of Contact Person at (786), 201-1724 Area Code & Daytime Telephone Number
Enclosed is a check made payable to the Florida Department of State for the following amount:
\$35,00 Filing Fee \$\text{Certificate of Status}\$\$ \$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)}\$\$ \$52.50 Filing Fee. Certified Copy (Additional copy is enclosed)
Mailing Address:Street Address:Amendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center Circle

Tallahassee, FL 32301

TO: Amendment Section





FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

AFFIDAVIT BY FOREIGN CORPORATION TO CHANGE/ADD OFFICER(S) AND/OR DIRECTOR(S)

(Note: Applicable only during the first calendar year of qualification)

1. The name of the foreign corporation as it a	appears on the records of the Florida Department of State is:
2. This entity was authorized to transact businumber is F190000102	ness in Florida on 2 1919 and its Florida document
3. This corporation was formed under the law	rs of Veyada
4. The name and address of each officer and/	
Title: President	Name and Address Brithney Cyns 12907 SW 10310 PL Miami FL 33170
VY	12907 SW 10310 PL Miami FL 33170

(Attach addition	onal pages if necessary)
Signature of an officer or director	President
Brithney Cons Typed or printed name of person signing	FILING FEE \$35

Make checks payable to Florida Department of State and Mail to: Division of Corporations*PO Box 6327*Tallahassee, FL 32314

CR2E127 (8/08)