

G76935

(Re	questor's Name)	
. (Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	≥ #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
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COVER LETTER

то:	Amendmen Division of	t Section Corporations				
SUBJ						
DOC	UMENT NUI		f Corporation G76935			
The e	nclosed Staten	nent of Change of Registered Of	fice/Agent and fee are submitted	for filing.		
Please	e return all cor	respondence concerning this ma	tter to the following:	,		
	_		c Nichols			
		Name of (Contact Person			
	Shebu, Inc.					
		rırm.	/Company			
	5645 Coral Ridge Dr #386					
		Α	ddress			
		Coral Spri	ngs, FL 33076			
		City/State	e and Zip Code			
		marc@mal E-mail address: (to be used fo	rcnichols.com r future annual report notificat	ion)		
For fu	irther informat	tion concerning this matter, pleas	se call:			
		Marc Nichols	at (405) Area Code & Daytime 1	837-9009		
	Nam	ne of Contact Person	Area Code & Daytime	Felephone Number		
Enclo	sed is a \$35.00	0 check made payable to the Dep	partment of State.			
		Mailing Address: Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address: Amendment Section Division of Corpor Clifton Building 2661 Executive Corpor Tallahassee, FL 32	rations enter Circle		

TO:

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

statement of cha	nge is submitted for a co	rporation organized	507.1508, or 617.1508, Floi d under the laws of the State d agent, or both, in the State	_{e of} <u>Florida</u>
1. The name of	the corporation: Shebu	ı, Inc.		
	office address: 5645 C	oral Ridge Dr#	386	
	Coral	Spr: 195, F12	, 33076	
3. The mailing a	address (if different):			
4. Date of incor	poration/qualification:	12/28/1983	Document number:	G76935
	d street address of the cur rtment of State: (If resign		t and registered office on fi	le with the
	Marc Nichols			
	4051 NE 17 Ter			
	Oakland Park, FL 3	33334		
6. The name and (if changed):	d street address of the nev	v registered agent (i	f changed) and /or registere	ed office
	Marc Nichols			
	5645 Coral Ridge [
	Coral Springs, FL	P.O. Box NOT acc	серсавіе	, A.T
The street addr	ess of its registered offic		dress of the business office	of its registered agent,
Such change w authorized by t	as authorized by resoluti he board, or the corporat	on duly adopted by ion has been notifi	y its board of directors or bed in writing of the change	oy an officer so e.
W	WW Well	10 ls	Marc Nichols,	president
I hereby accept I further agree of my duties, an document is be corporation ha	the appointment as regito comply with the provind I am familiar with and ing filed merely to reflect sheen notified in writing	stered agent and a sions of all statute, I accept the obliga t a change in the r g of this change.	gree to act in this capacity s relative to the proper and tion of my position as regi egistered office address, I	
Sig	mature of Registered Agent		9-19-1 Date	1.1
If signing on be	ehalf of an entity:			
	Marc Nichols			
Т	voed or Printed Name			

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