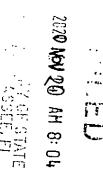
## M84884

(Re	questor's Name)	
(Address)		
(Address)		
(Cit	y/State/Zip/Phon	e #)
	_	_
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	me)
(Do	cument Number)	)
Certified Copies	_ Certificate:	s of Status
Special Instructions to	Filina Officer:	
	<b>g</b>	
		11/02/20
	-	177 '



11/20/20-+01014--001 \*\*70.00



Office Use Only

## COVER LETTER

Amendment Section     Division of Corporations		
SUBJECT: James M Barron D Name of Corporation	evelopment Corporation Inc	
DOCUMENT NUMBER: M84884		
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:	
JAMES M BARREN		
JAMES M BARROW Develop. Firm/Company	net cribiction	
Address	H 117-	
Address Fd Sa Laboratoria	10 27715	
Fort Lauderdale France City/State and Zip Code	33312	
ima Barronneve	Youmen lan	
E-mail address: (to be used for future annual	report notification)	
For further information concerning this matter, p	lease call:	
Sames Barrin Name of Contact Person	at (954) 744 - 7295 Area Code & Daytime Telephone Number	
Enclosed is a \$35.00 check made payable to the I		
Mailing Address: Amendment Section	Street Address:	
	Amendment Section	
Division of Corporations P.O. Box 6327	Division of Corporations The Centre of Tallahassee	
Tallahassee, FL 32314	2415 N. Monroe Street, Suite 810	

Tallahassee, FL 32303

CR2E045 (04/13)

Tallahassee, FL 32314

## 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 \( \frac{\frac{1}{\finte\tinfty}{\fint}}}\tinfty} \tinfty} \times \times \times \times \text{\frac{1}{\fint}}} \times \t
1. The name of the corporation: Thres & BARREN VELLEPMENT COLD
2. The principal office address: 2800 Marine Mile Blod. H 115
Fort Laudeidale Francis 33312
3. The mailing address (if different):
4. Date of incorporation/qualification: 6/10/1985 Document number: NS4894
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)
sote Law Group
2400 EAGT (Sommercial Blood 1400
FT. LAuredule Florid 33708
6. The name and street address of the new registered agent (if changed) and /or registered office.  (if changed):
P.O. Box NOT acceptable  Fort Lander hale Florida 33312m 2
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 for the corporation has been notified in writing of the change.
Signature of an office or director  Signature of an office or director  Printed or typed name and title
I hereby except 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.
11/2/2020
Signature of Registered Agent 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 (04/13)