N07000004754

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
·	·	
(Cit	y/State/Zip/Phone #	#)
PICK-UP	WAIT	MAIL
(Bu	siness Entity Name	o)
(Do	cument Number)	
Certified Copies	Certificates of Status	
Special Instructions to	Filing Officer:	

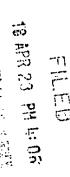
Office Use Only



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COVER LETTER

Partners for Artisans, Inc. Name of Corporation N07000004754 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: Abbey Chase Name of Contact Person **Chase Marketing Group** Firm/Company 2937 SW 27th Avenue, Suite 306 Coconut Grove, Fl. 33133 City/State and Zip Code achase@chasemiami.com

For further information concerning this matter, please call:

Abbey Chase

TO:

Amendment Section Division of Corporations

E-mail address: (to be used for future annual report notification)

Name of Contact Person

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

CR26045 (03/12)

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 Florida
in order to change its registered office or registered agent, or both, in the State of Florida.
1. The name of the corporation: Partners for Artisans, Inc.
2. The principal office address: 2937 SW 27th Avenue, Suite 306
Coconut Grove, FI 33131
3. The mailing address (if different):
4. Date of incorporation/qualification: 5/11/2007
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)
Cynthia Barnett Hibnick, Esq
One Alhambra Plaza, Suite 1410
Coral Gables, Fl 33134
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):
Yolanda M. Suarez, Esq
10601 SW 69 Avenue
P.O. Box NOT scorptable
Miami, Fl 33156
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.
Abbey Chase, President Signature of an officer or director Abbey Chase, President Printed or typed name and liftle
I hereby accept 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.
filestek. In 4-16-2018 Signature of Registered Agent Date
if signing on behalf of an entity:
Typed or Printed Name
* * * FTLING FEE: \$35.00 * * *

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR2E045 (03/12)