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COVER LETTER

Division of Corporations	
SUBJECT: Nar 10w Nar Nar	ion InC ne of Corporation
DOCUMENT NUMBER: NO 9666	200 7859
The enclosed Statement of Change of Registere	d Office/Agent and fee are submitted for filing.
Please return all correspondence concerning thi	s matter to the following:
GORDON	SMALL e of Contact Person
MARRO	W NATION, INC
3433 CARM	11 CHAELST
PALM H	Address ARBOR FL 34684 State and Zip Code
E-mail address: (to be use	MPUS DGMAL COM ed for future annual report notification)
For further information concerning this matter,	please call:
GORDON SMALC Name of Contact Person	at (727) 789-473/ Area Code & Daytime Telephone Number
Enclosed is a \$35.00 check made payable to the	
Mailing Address: Amendment Section Division of Corporati P.O. Box 6327 Tallahassee, FL 3231	Clifton Building
Tananassee, pl 323 l	4 Zooi executive Center Circle

Tallahassee, FL 32301

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 <u>FORM</u>
in order to change its registered office or registered agent, or both, in the State of Florida.
1. The name of the corporation: WHRROW WHILOW, INC
\mathcal{F}
2. The principal office address: 25 Jacob MRDOR CHITTELL 2018
3. The mailing address (if different):
4. Date of incorporation/qualification: 05/01/200 Document number: NO90000 3
• • • • • • • • • • • • • • • • • • • •
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) ARBOR HAF DESTRUCTION PROPERTY
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.
5/29/19
Signature of an officer or director Printed or typed name and title
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. On 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.
Signature of Registered Agent Date
If signing on behalf of an entity: 7 ORDOW S MALL 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