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(Ad	dress)			
(Ad	dress)			
(Cit	ty/State/Zip/Phone	e #)		
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## **COVER LETTER**

TO: Amendment Section Division of Corporations				
SUBJECT: WALK IN THE LIGHT, INC. Name of Corporation				
DOCUMENT NUMBER: 1/200006808				
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:				
VIKTORIO ANTONOVSKI Name of Contact Person				
N/A				
N/A Firm/Company				
10885 FERN ROCK Rd. Address				
ORlando FL 32825 City/State and Zip Code				
VICTORIO 84 @ gmail. com  E-mail address: (to be used for future annual report notification)				
For further information concerning this matter, please call:    Viktorio Antonovski   at (32/) 287-5644     Name of Contact Person   Area Code & Daytime Telephone Number				
Name of Contact Person Area Code & Daytime Telephone Number				
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

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

Pursuant to the	provisions of sections 607.0502, 617.0502, 6	507.1508, or 617.1508, Florida Statute	es, this
statement of cha	ange is submitted for a corporation organized	d under the laws of the State of <u>F1C</u>	Rida
	er to change its registered office or registerea		
	the corporation: WALK IN TI		
	office address: <u>10885, FERN</u> . 125	ROCK Rd. ORland	o, FL
3. The mailing a	address (if different)://		
4. Date of incorp	poration/qualification: 7/13/20/2	2 Document number: 1/12 00	0006808
	d street address of the current registered agen rtment of State: (If resigned, enter resigned)	at and registered office on file with the	
	_ ZHONG ZHICH	(	
	4423 SUNTREE B	2VD.	<u> </u>
	DRLANDO, FL 32	8/7	2 DEC
	d street address of the new registered agent (i	f changed) and /or registered office	二
(if changed):	MICHEL I. M	A-CHA-DO	AM 9
	12.021 SOCRATES P.O. BOX NOT acce		26
	ORlando, FL 3	2826	
The street addre	ess of its registered office and the street add be identical.	lress of the business office of its regis	tered agent,
Such change was authorized by the	as authorized by resolution duly adopted by the board, or the corporation has been notified	*	· so
Stonettu	ure of an officer or director	MICHEL L. MACHAL	00
I hereby accept	the appointment as registered agent and as	Printed or typed name and fitte	•
I further agree to performance of agent. Or, if the hereby confirm	to comply with the provisions of all statutes my duties, and I am familiar with and accepts document is being filed merely to reflect a that the corporation has been notified in wr	relative to the proper and complete pt the obligation of my position as re a change in the registered office addi riting of this change.	gistered ess, I
	mature of Registered Agent	12/4/2012	<u>.</u>
Č	shalf of an entity:		
	N/A	,	
Ty	yped or Printed Name		

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

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