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| (Requestor's Name) | |
| (Address) (Address) | 400283795494 |
| (City/State/Zip/Phone #) | 03/29/1601024012 **55.00 |
| (Business Entity Name) | |
| (Document Number) Certified Copies Certificates of Status | ICHART IS |
| Special Instructions to Filing Officer: | PH 3: 20 |
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FLORIDA DEPARTMENT OF STATE Division of Corporations

April 4, 2016

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DUSTIN I. GOLLOPP SR / ONE PEOPLE UNÉQUIVOCAL RENOVAT 832 SW 134 PL MIAMI, FL 33184

SUBJECT: ONE PEOPLE UNEQUIVOCAL RENOVATION, INC. Ref. Number: N12000011528

We have received your document for ONE PEOPLE UNEQUIVOCAL RENOVATION, INC. and your check(s) totaling \$55.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a LIMITED LIABILITY COMPANY, but your entity is a NON PROFIT CORPORATION. Please complete and return the enclosed blank form(s).

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Carolyn Lewis Regulatory Specialist II

Letter Number: 516A00006830

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COVER LETTER

TO: Amendment Section **Division of Corporations**

SUBJECT: Dne People Unequivocal Renovation Inc.

N12000011528 DOCUMENT NUMBER:

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:

UUSTIN J. Gollopp Name of Contact Person One Poulle Unequivocal Renovation Inc. Firm Company 18425 NN Znd Are STE 325 Address Miani, Fl. 33169 City/State and Zip Code

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

For further information concerning this matter, please call:

USTin Golloppat (
954)496-564/Name of Contact PersonArea 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

CR2E045 (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: | One | People | Une | equivocal | Ken | ovation | Inc |
|----------------------------------|--------|--------|-----|-----------|-----|---------|-----|
| 2. The principal office address: | 184 25 | - NW | 2nd | Ave. | stc | 325 | |
| Miami | | | | | 169 | | |

3. The mailing address (if different):____

4. Date of incorporation/qualification: 13/11/2012 Document number: 1120000 11538

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)

Gollopp, Dustin I. Sa. 832 SW 134 PL Miami, Fl. 33184

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

MAY 13 PH 3: Gollopp, Dustin I. Sr. 7451 SW 157 Cant P.O. Box NOT acceptable Miami, Fl. 33193

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.

Signature of an officer or director

Dustin I Gralloppen. Printed or typed name and title

A nereby 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 duites, and I am familiar with and accept the obligation of my position as registered agent. Or, if the document is being filed merely to reflect a change in the registered office address, I hereby confirm the propertion has been notified in writing of this change.

ignature of Registered Agent

May 12, 2016

signing on behalf of an entity:

Typed or Printed Name

* * * F1LING FEE: \$35.00 * * *