

OCT 28 2016  
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## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Code 9 Project Inc  
Name of Corporation

**DOCUMENT NUMBER:** N15000004221

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:

Deborah Louise Ortiz  
Name of Contact Person

Code 9 Project Inc  
Firm/Company

5044 Deltona Blvd.  
Address

Spring Hill, Florida 34606  
City/State and Zip Code

Code9project@aol.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Deborah Louise Ortiz at ( 917 ) 680 1953  
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

October 23, 2016

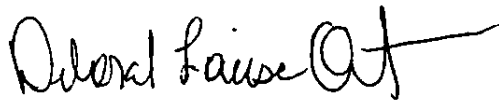
To whom it may concern,

Please change the address for all associated (mailing address, business location and registered agent),  
with Code 9 Project Inc Document # N15000004221 to:

5044 Deltona Blvd

Spring Hill, Florida 34606

Thank you

A handwritten signature in black ink, appearing to read "Deborah Louise Ortiz", with a long horizontal flourish extending to the right.

Deborah Louise Ortiz

[Code9project@aol.com](mailto:Code9project@aol.com)

917-680-1953

**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 \_\_\_\_\_ in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: Code 9 Project Inc
2. The principal office address: 5044 Deltona Blvd.  
Spring Hill, Florida 34606
3. The mailing address (if different): \_\_\_\_\_
4. Date of incorporation/qualification: 4/20/15 Document number: N15000004221
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)

Deborah Louise Ortiz

6220 KELLER DRIVE  
PORT RICHEY, FL 34668

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

5044 Deltona Blvd

P.O. Box NOT acceptable

Spring Hill, Florida 34606

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.

Deborah Louise Ortiz  
Signature of an officer or director

Deborah Louise Ortiz - Director / President  
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. 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.*

Deborah Louise Ortiz  
Signature of Registered Agent

10/24/16  
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