O 10/16/2019 9:58 AM Division of Corporations 14154847068

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pg 1 of 3 https://cfile.sunbiz.org/scripts/cfilcovr.exe



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	Account Name : CORPORATE CREATIONS INTERNATIONAL INC. Account Number : 110432003053 G/ P Phone : (561)694-8107 G/ Fax Number : (561)694-1639	Fax N	umber : (561)694-16: as for this business ent	ity to be used	for future
	Account Name : CORPORATE CREATIONS INTERNATIONAL INC.	Phone			
Fax Number : (561)694-1639	Account Name : CORPORATE CREATIONS INTERNATIONAL INC.			-	Gri AM
Phone : (561)694-8107 Fax Number : (561)694-1639	Fromt				1

Page Count 02 Estimated Charge \$35.00

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REC > E

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	
1. The name of the corporation: RESTORATION VINE INC.	
2. The principal office address: 1919 TIMBERLINE RD., WESTON, FL 33327	
3. The mailing address (if different): 1919 TIMBERLINE RD., WESTON, FL 33327	
4. Date of incorporation/qualification: 06/10/2015 Document number: N15000005833	_ .
 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) 	
1919 TIMBERLINE RD.	
WESTON, FL 33327	
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed): Corporate Creations Network Inc.	•
Corporate Creations Network Inc.	
11380 Prosperity Farms Road #221E	
P.O. Box NOT acceptable Palm Beach Gardens, FL 33410	
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 Jenisa Irizarry, Attorney-in-Fact Printed or typed name and talk	
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 mereby to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.	
feuiser FAS 10/16/2019	
Signature of Registered Agent Date	
If signing on behalf of an entity:	
Jenisa Irizarry, Special Secretary	

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pg 2 of 3

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Typed or Printed Name

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*** FILING 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)