

Office Use Only



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MAR 22 2017 R. WHITE



COVER LETTER

TO: Amendment Section Division of Corpora	tions				
subject: THE GOU	ARE PROJECT, INC. Name of Cor	poration			
DOCUMENT NUMBER:_	NI6 00000 2565				
The enclosed Statement of C	hange of Registered Office/	Agent and fee are submitted for filing.			
Please return all correspondence concerning this matter to the following:					
	STACET MONTO	oYA			
Name of Contact Person					
	THE SQUARE PROJE Firm/Con	CT. INC.			
4980 GW 31 TERPACE					
DANIA, FL 33312 City/State and Zip Code					
E-mail address: (to be used for future annual report notification)					
For further information conc	erning this matter, please ca	11:			
STACEY MONTOY!	1	at (321) 446-5546 Area Code & Daytime Telephone Number			
Name of Cor	tact Person	Area Code & Daytime Telephone Number	:r		
Enclosed is a \$35.00 check made payable to the Department of State.					
Am	ling Address: endment Section	Street Address: Amendment Section			
	ision of Corporations . Box 6327	Division of Corporations Clifton Building			
	ahassee, FL 32314	2661 Executive Center Circle			

Tallahassee, FL 32301

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

statement of cha	nge is submitted for a corporation	517.0502, 607.1508, or 617.1508, Floria n organized under the laws of the State o r registered agent, or both, in the State o	of FLORIDA
1. The name of t	he corporation: THE SQUARE	PROJECT, INC	
2. The principal	office address: 4980 5V	U 31 TERRACE	
		FL 33312	
3. The mailing a	ddress (if different):		
4. Date of incorp	poration/qualification: MARCH	9,2016 Document number: N16	000002565
	street address of the current registment of State: (If resigned, enter	stered agent and registered office on file resigned)	with the
	LEGAL 200	м	
	(NOMINEE) UNITED STATE	res Corporation AGENTS, IN	C:
6. The name and (if changed):	street address of the new register	red agent (if changed) and /or registered	office
		ONTOYA	_ * B
	4980 SW 3	31 TERRACE	
		Box NOT acceptable 33312	- : 55 S
The street addre	•	street address of the business office of	
Such change wa authorized by th	s authorized by resolution duly a e board, or the corporation has b	dopted by its board of directors or by a seen notified in writing of the change.	
Stacin V	h m cy u e of an other or director	STACKY MONTOY	
I hereby accent	the annointment as registered as	Printed or typed name and gent and agree to act in this capacity. all statutes relative to the proper and continued accept the obligation of my position reflect a change in the registered of tified in writing of this change.	
Stari	nature of Registered Agent	3/14/2017	
Sign If signing on bel	· V	Date	
Ту	ped or Printed Name		

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