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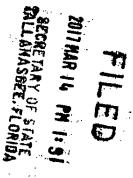
(Re	equestor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
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COVER LETTER

TO:		ent Section of Corporations	s				
SUBJE	ECT•	MIA BA	Y FOUNDATION	INC.			
OC DOL			Name of C	orporatio	n		•
DOCU	MENT N	UMBER:	N1700000226	60			_
The end	closed Star	ement of Chan	ge of Registered Offic	e/Agent a	ınd fee a	are submitted for	filing.
Please	return all c	correspondence	concerning this matte	er to the fo	llowing	; :	
		NORMAN	N PESELEV				
			Name of Cor	ntact Pers	on	<u>-</u>	
		MIA BAY	FOUNDATION	N INC.			
Firm/Company							
		250 174TI	H ST. APT. 200	8			
			Add	ress			_
		SUNNY I	SLES BEACH,	FL 331	60		
			City/State ar	nd Zip Co	de		
		dir.anirix(@gmail.com				
		E-mail addr	ess: (to be used for f	uture anr	ual rep	ort notification)	
For furt	ther inforn	nation concerni	ng this matter, please	call:			
NOR		PESELEV		at ()5	,4574449	
	Na	ame of Contact	Person	Are	ea Code	& Daytime Telep	ohone Number
Enclose	ed is a \$35	.00 check made	payable to the Depart	tment of S	State.		
		Amendr Division P.O. Bo	Address: ment Section n of Corporations ox 6327 ssee, FL 32314		Amend Division Cliftor 2661 E	Address: Idment Section on of Corporation Building Executive Center assee, FL 32301	

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

statement of cha	provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this ange is submitted for a corporation organized under the laws of the State of Florida er to change its registered office or registered agent, or both, in the State of Florida.	
	the corporation: MIA Bay Foundation Inc.	
2. The principal	office address: 750 NE 191 ST. APT. 513 NORTH MIAMI BEACH, FL 3317	79
3. The mailing a	address (if different): SAME AS PRINCIPAL OFFICE	_
4. Date of incorp	poration/qualification: 03/01/2017 Document number: N17000002260	
	d street address of the current registered agent and registered office on file with the rtment of State: (If resigned, enter resigned)	
	BANNIKOV, ALEXANDER	
	750 NE 191 ST. 513 NORTH MIAMI BEACH, FL 33179	
6. The name and (if changed):	d street address of the new registered agent (if changed) and /or registered office.	
	BANNIKOV, ALEXANDER 1750 NE 191 ST. 513 NORTH MIAMI BEACH, FL 33179	
	P.O. Box NOT acceptable Registered office: 1750 NE 191 ST. 513 NORTH MIAMI BEACH, FL 33179	
The street addre	ess of its registered office and the street address of the business office of its registered agent, be identical.	
Such change wa authorized by th	as authorized by resolution duly adopted by its board of directors or by an officer so ne board, or the corporation has been notified in writing of the change.	
	ALEXANDER BANNIKOV, PRESIDENT Printed or typed name and title	
I further agree to performance of agent. Or, if this	the appointment as registered agent and agree to act in this capacity. To comply with the provisions of all statutes relative to the proper and complete my duties, and I am familiar with and accept the obligation of my position as registered is document is being filed merely to reflect a change in the registered office address, I that the corporation has been notified in writing of this change.	
Sigr	nature of Registated Agent O3/10/17 Date	
If signing on bel	half of an entity:	
HLEXANO	US BANNIKOV	

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