

N1700000 4137

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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C. GOLDEN

JUL 13 2019

## COVER LETTER

TO: Amendment Section  
Division of Corporations

SUBJECT: The Camp Willow Experience, Inc.  
Name of Corporation

DOCUMENT NUMBER: N17000004137

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:

Larosa Etienne  
Name of Contact Person

The Camp Willow Experience  
Firm/Company

2485 SW 111<sup>th</sup> ave suite #. 13303  
Address

Miramar, FL 33025  
City/State and Zip Code

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

For further information concerning this matter, please call:

Larosa Etienne at ( 305 ) 890-9160  
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

**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: The Camp Willow Experience, Inc.  
2. The principal office address: 426 NW 143<sup>rd</sup> St, Miami, FL, 33168  
3. The mailing address (if different): \_\_\_\_\_

4. Date of incorporation/qualification: 4/17/17 Document number: N17000004137

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)

Larosa Etienne  
426 NW 143<sup>rd</sup> St.  
Miami, FL, 33168

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

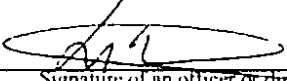
Larosa Etienne  
2485 SW 111<sup>th</sup> ave suite #13303  
P.O. Box NOT acceptable  
Miramar, FL, 33025

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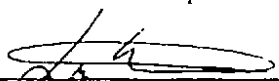
The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

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

Larosa Etienne (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.

  
Signature of Registered Agent

6/24/19  
Date

If signing on behalf of an entity:

Larosa Etienne  
Typed or Printed Name

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