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May 23, 2019

FLORIDA DEPARTMENT OF STATE

ZAHRA'S HOUSE ADVOCACY GROUP INCORPORATED 2125 SHAFFER PL ORLANDO, FL 32806US

SUBJECT: ZAHRA'S HOUSE ADVOCACY GROUP INCORPORATED

REF: N17000011480

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Irene Albritton Regulatory Specialist II FAX Aud. #: H19000166085 Letter Number: 719A00010442

W/c 125 844

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

statement of change	is submitted for a	corporation organize	607.1508, or 617.1508, FU ad under the laws of the Su ad agon; or both in the Sto	re ofFL	
			d agent, or both, in the Sta		
1. The name of the c	orporation:		vocacy Group Incorpo	rated	
2. The principal offi	ce address:	2125 SHAFF			
		ORLANDO, FI	. 32806		
3. The mailing addre	ess (if different):_			,, <u></u>	
4. Date of incorporal	ion/qualification:	11/13/2017	Document number:	N17000011480	
5. The name and stre Florida Departmen	et address of the out of State; (If resi	eurrent registered age gned, onter resigned)	nt and registered office on	file with the	
	LEGALING	CORPORATE SE	RVICES, INC.		201
	5237 SUM	MERLIN COMMO	ONS STE 400		1-11-1 2019 mil 24
	FORT MY	ERS, FL 33907			24
6. The name and stre (if changed):	et address of the t	ew registered agent (if changed) and /or register	red office	三 !
	Rocke	Lawyer Corp	orate Services	LLC	. <u></u>
	155 Of	Fice Plaza Drive		 :	, 01
		assee, FL 32301			
The street address of as changed will be in	f its registered off lentical.	ice and the street add	iress of the business office	of its registered agent	
Special St. Bar	Olafetr or eurechet		its board of directors or bid in writing of the change	(100)/US	5/12/s
I hereby acceptable a I further agree to con performance of my dagent. Or, if this documereby confirm that the	ppointment as re noly with the pro- uties, and I am fa current is being fi- the corporation h	gistered azent and as visions of all statutes miliar with and acco led merely to reflect is been notified in wi	ree to act in this capacity relative to the proper and of the obligation of my po- a change in the registered iting of this change.	l complete sition as registered office address, I	
Signature	of Registered Agent		5,2/.20 Date	<u> 19 </u>	
If signing on behalf of Loticia Head	of an entity: Printed Name	Secretary			
	*	* * FILING FEB: 5	35.00 * * *		
Mail to	MAKE CHECKS D: DIVISION OF CO	PAYABLE TO FLORIDA PRPORATIONS, P.O. B	A DEPARTMENT OF STATE OX 6327, TALLAHASSEE, I	FL 32314	

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