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То:	Division of Corporations Fax Number : (850)617-6380	23 AH 2
	Account Name : REGISTERED AGENTS INC. Account Number : 120090000081 Phone : (307)200-2803 Fax Number : (855)330-1010	3D
Enter the em annual re	ail address for this business entity to be used for fut port mailings. Enter only one email address please.**	S TALLENT
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STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

Pursuant to the provisions of sections 607.0502, 617.0 statement of change is submitted for a corporation or in order to change its registered office or reg	ganized under the laws of the State ofFL
1. The name of the corporation: 357 on 5th Condomin	
2. The principal office address: 3030 NORTH ROCKY	
3. The mailing address (if different):	
4. Date of incorporation/qualification: 09/13/2018	Document number: N18000009925
5. The name and street address of the current registere Florida Department of State: (If resigned, enter resi	gned)
KESSEL, JULIE B	- 100 8 OCT
3030 NORTH ROCKY POINT	DR.150A 25 23
TAMPA, FL 33607	
6. The name and street address of the new registered a (if changed):	
Registered Agents Inc.	
3030 N. Rocky Point Dr. STE	150A
	NOT ассертаble
Tampa FL 33607	<u> </u>
The street address of its registered office and the streas changed will be identical.	eet address of the business office of its registered agent,
Such change was authorized by resolution duly adop authorized by the board, or the corporation has been	nted by its board of directors or by an officer so notified in writing of the change.
Julie & Kennel Signature of an officer or director	Julie B Kessel, President
I hereby accept the appointment as registered agent I further agree to comply with the provisions of all s performance of my duties, and I am familiar with an agent. ()r, if this document is being filed merely to the hereby confirm that the corporation has been notifie	tatutes relative to the proper and complete ad accept the obligation of my position as registered reflect a change in the registered office address. I
Bel Home	10/23/18
Signature of Registered Agent	Date
If signing on behalf of an entity:	
Bill Havre	
Typed or Printed Name * * * ETLING:	FEE: \$35.00 * * *
FILING	a analy of the transfer to the

Make Checks payable to Florida Department of State Mail to: Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 CR2E045 (03/12)