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COVER LETTER

TO: Amendment Section Division of Corporations

SUBJECT: EVERGIGALES OUTPOST, INC DOCUMENT NUMBER: N93000000868 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: MARTHA FRASSICA-RIVERA EverGlades ou post Firm/Company 35001 SW 192 AVE Address Homestrad P1 33034 City/State and Zip Code EVERGLACIES (e FUGE QOL. LOM E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Enclosed is a \$35.00 check made payable to the Department of State.

<u>Mailing Address:</u> 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

CR2E045 (03/12)

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

1. The name of the corporation: EVERGIGIDES OUTPOSTINC
2. The principal office address: 35001 SW 192 AVE
-Homestead FI 33034
3. The mailing address (if different): SAME AS ADOVE
4. Date of incorporation/qualification: 8126 11994 Document number: <u>N938848886666</u> 65
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)
BARbergTAnsey
356001 SW 192 AVE HUMESTEAD F133034
(Resigned)
6. The name and street address of the new registered agent (if changed) and /or registered office , (if changed):
Marthy Fraissica RIVERA
35401 SW 192AE HOULSTEADE 133034 P.O. Box NOT acceptable

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.

Kobert FREER Printed or typed name and title ignature of an officer or director

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.

7/18/2017 Date gnature of Registered Agent

If signing on behalf of an entity:

Typed or Printed Name

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