POOCOCOGASSS

| (Re | questor's Name) | | | | | |
|---|--------------------|-------------|--|--|--|--|
| (Ad | dress) | | | | | |
| | ldress) | | | | | |
| (20 | uless) | | | | | |
| (Cit | ty/State/Zip/Phone | e #) | | | | |
| PICK-UP | WAIT | MAIL | | | | |
| (Business Entity Name) | | | | | | |
| (Document Number) | | | | | | |
| Certified Copies | _ Certificates | s of Status | | | | |
| Special Instructions to Filing Officer: | | | | | | |
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Office Use Only



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295 JUL -6 PH 1:02

JUL 10 2015

I ALBRITTON

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

| statement of char | provisions of section nge is submitted for to change its regis | a corporation or | rganized und | ler the laws | of the State | g of FLC | DRIDA |
|---|---|---|--|--|--|--|--------------------|
| 1. The name of the | ne corporation: | THE MERRY | MAILMAN, | INC. | | | |
| 2. The principal | office address: BEACH, FL 3306 | 3907 NORTH | | | , | | |
| 3. The mailing ac | ddress (if different) | : | _ | | | | |
| 4. Date of incorp | oration/qualification | on: 10/20/200 | 00 Do | ocument nu | mber: P | 00000099 | 358 |
| | street address of th tment of State: (If r CARLA | | | registered | office on fi | le with the | |
| | 3907 N | . FEDERAL H | IGHWAY | | | | |
| | POMPAN | O BEACH, FL | 33064 | | | | 2 |
| 6. The name and (if changed): | street address of th | ne new registered | agent (if cha | inged) and | or registere | ed office | AND JUL-6 |
| | DANIEL | LE DA FONSEX | CA | | *************************************** | | g |
| | 3907 N | . FEDERAL HI | | | | | PA |
| | POMPAN | O BEACH, FL | NOT acceptable 33064 | | | | 1:02 |
| The street addre | ess of its registered be identical. | office and the st | reet address | of the busi | ness office | of its regist | tered agent, |
| Such change wa authorized by th | s authorized by res e board, or the cor | solution duly ado poration has beer | pted by its b n notified in | oard of dir writing of | ectors or by the change | y an officer | so |
| Signatu | nielle brus re of an officer or director | | <u> </u> | nicle Printed o | R da F or typed name a | onsca and title | PRESIDENT |
| I hereby accept I further agree t performance of agent. Or, if thi hereby confirm | the appointment as to comply with the my duties, and I an is document is bein that the corporatio | s registered agen provisions of all n familiar with a g filed merely to n has been notifi | t and agree a statutes rela nd accept the reflect a cha led in writing | to act in the tive to the e obligation mge in the g of this ch | is capacity, proper and n of my pos registered ange. | l complete sition as reg office addr | zistered ess, I |
| Jani | lle brue onature of Registered Agen | | | 110/FC | 2015 | | |
| | nature of Registered Agen half of an entity: | it | | | Date | | |
| Ty | yped or Printed Name | | | | | | |
| | | * * * FILING | FEE: \$35.0 |)() * * * | | | |

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314