

(Requ	estor's Name)	
(Addre	ess)	
(Addre	ess)	
(City/S	State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Busir	ness Entity Nar	me)
(Docu	ment Number)	
Certified Copies	Certificates	s of Status
Special Instructions to Fil	ing Officer:	

Office Use Only



000306766880

12/21/17--01016--009 *+35.00



R. WHITE
DEC 2.8 2017

COVER LETTER

₩ TO:

Q

Amendment Section Division of Corporations

SUBJECT: Eurowest Group, Inc. Name of Corporation			
Name of Corporation			
DOCUMENT NUMBER: P00000113525			
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:			
Thomas M. Johnson			
Name of Contact Person			
Eurowest Group, Inc.			
Firm/Company			
2523 Industrial Blvd.			
Address			
Orlando			
City/State and Zip Code			
tjohnson@johnsonglobal.us			
E-mail address: (to be used for future annual report notification)			
For further information concerning this matter, please call: Thomas M. Johnson Name of Contact Person Area Code & Daytime Telephone Number			
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: Eurowest Group, Inc.	
2. The principal office address: 2523 Industrial Blvd.	
Oriando, FL 32804	
3. The mailing address (if different): P.O. Box 2336	
VVIIILEI PAIK, FL 32130	
4. Date of incorporation/qualification: 12/06/2000 Document number: P00000113525	
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)	
Thomas M. Johnson	
1876 Turnberry Terrace	
Orlando, FL 32804	-
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed): Thomas M. Johnson	* 100000 * 100000 * 1000000 * 1000000
Thomas M. Johnson	
2300 Silver Star Road	
P.O. Box NOT acceptable	
Orlando, FL 32804	
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.	
Thomas M. Johnson - President	
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.	
12/14/2017	
Signature of Registered Agent Date	
If signing on behalf of an entity:	
Typed or Printed Name * * * FILING FEE: \$35.00 * * *	

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