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(Requestor's Name) (Address)	
(Address)	400329596094
(City/State/Zip/Phone #)	
(Business Entity Name)	05/20/1901047028 **65.00
(Document Number) Certified Copies Certificates of Status	
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COVER LETTER

TO: Amendment Section Division of Corporations

Cinemaworld of Florida, Inc. Name of Corporation SUBJECT:_

DOCUMENT NUMBER: POIDDDD49043

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:

Richard Starr II	
Name of Contact Person	
Cinemaworld of Florida, Inc Firm/Company	
970 16th Place	
Address	
Vero Beach, FL 32960 City/State and Zip Code	
City/State and Zip Code	
<u>E-mail address:</u> (to be used for future annual report notification)	

For further information concerning this matter, please call:

Name of Contact Person at (<u>172</u>) 978-7188 Area Code & Daytime Telephone Number

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

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.

1. The name of the corporation: <u>Cinemaworld of Florida, Inc.</u>		
2. The principal office address: 970 16th Place		
Vero Beach, FL 32960		
3. The mailing address (if different):		
4. Date of incorporation/qualification: 05/16/2001 Document number: PD1000049043		
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)		
TIPIONY STATE ESA		
2101 Indian river blud Ste 200		
\$250 beach, FL 32aleo		
 The name and street address of the new registered agent (if changed) and /or registered office (if changed); 		
Starr, Tiffany A. ESQ		

2770 Indian River Blvd, Ste# 324 P.O. Box NOT acceptable Vero Beach, FL 32960

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.

Signature of an officer or director ed or lyped name and tid

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.

Signatur Registered Agent 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 CR2E045 (03/12)