## P01000060977

	(Requestor's Name)	-
	(Address)	
	(Äddress)	
	(City/State/Zip/Phone #)	
PICK-UF	P WAIT	MAIL
	(Business Entity Name)	-
	(Document Number)	
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## COVER LETTER

TO: Amendment Section Division of Corporations		
SUBJECT: Stratedge	Inc. f Corporation	
DOCUMENT NUMBER: Pole	00060977	
The enclosed Statement of Change of Registered O	ffice/Agent and fee are submitted for filing.	
Please return all correspondence concerning this ma	atter to the following:	
Donald Name of	St John Contact Person	
Strated	ge Inc.	
591 Evernia St	reet Apt 2513	
West Palm Beach FL 33401 City/State and Zip Code		
E-mail address: (to be used for future ardual report notification)		
For further information concerning this matter, please call:		
Donald St John Name of Contact Person	at ( 561 ) 818 0991 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	

CR2E045 (03/12)



## FLORIDA DEPARTMENT OF STATE Division of Corporations

May 18, 2019

DONALD ST. JOHN STRATEDGE INC. 591 EVERNIA ST - APT. 2518 WEST PALM BEACH, FL 33401

SUBJECT: STRATEDGE INC. Ref. Number: P01000060977

We have received your document for STRATEDGE INC. and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a Limited Liability Company, but your entity is a Profit Corporation. Please complete and return the enclosed blank form(s).

The fee to file your document is \$35.

There is a balance due of \$10.00.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Irene Albritton Regulatory Specialist II

Letter Number: 419A00010092

## 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 in order to change its registered office or registered agent, or both, in the State of Florida.
1. The name of the corporation: Stratedge Inc.
2. The principal office address: 591 Evernia Street Apt 2518  West falm Beach FL 33401
3. The mailing address (if different):
4. Date of incorporation/qualification: 6/19/2001 Document number: P010003609
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)
Donald St John  1081 Singer Drive  Riviera Beach FL 33404
1081 Singer Drive
Riviera Beach FL 33404
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):
Donald St John 00.
591 Everma Strut Apt 2518 = 3
West Palm Beach FL 33401
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  Signature of an officer or director  Printed or typed name and title
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.
Signature of Registered Agent  6/4/2019  Date
If signing on behalf of an entity:
Typed or Printed Name

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

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