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(Re	questor's Name)	
(Ad	dress)	
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(Cit	y/State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nam	e)
(Do	ocument Number)	
Certified Copies	Certificates	of Status
Special Instructions to Filing Officer:		

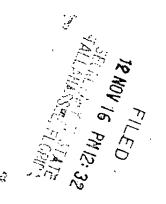
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COVER LETTER

Division of Corporations		
SUBJECT: Name of Corporation		
DOCUMENT NUMBER: PDIDDIDW13		
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:		
ROBERT BORN Name of Contact Person MODEL ROW, INC. Firm/Company 130 CARDINAL AVE. Address BOARATON FL 33486 City/State and Zip Code POBERT & MODEL ROW AFE E-mail address: (to be used for future annual report notification)		
For further information concerning this matter places call.		
For further information concerning this matter, please call:		
KOBERT BORN at (561) 239-D744		
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 FCOLIDA
in order to change its registered office or registered agent, or both, in the State of Florida.
1. The name of the corporation: MODEL KOW, INC.
2. The principal office address: 130 CAPDINAL AVE
BOCK PATON, FL 33486
3. The mailing address (if different):
4. Date of incorporation/qualification: 11 5 2001 Document number: PO 1000 106413
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) Z601 M.E.STHAVE
BOLA RATON, FU
33431
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):
130 CARDINUL LUE 57
P.O. Box NOT acceptable
33486
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 of the corporation has been notified in writing of the change.
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 accument 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 Dite
If signing on behalf of an entity:
Tuned or Printed Name
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 * * *