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## TRANSMITTAL LETTER

TO: Amendment Section Division of Corporations
SUBJECT: Fidelity Furniture (Name of corporation)
DOCUMENT NUMBER: P02 00000 42 85
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:
JEAN Robert FRANCOIS (Name of person)
FIDELITY FURNITURE (Name of firm/company)
384 SE 2: AVE (Address)
De Iray Reney FL 33483 (City/state and zip code)
For further information concerning this matter, please call:
REPLANE FRANCOIS at (161) 274-4070 or 266-9751 (Name of 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 409 E. Gaines Street  Tallahassee, FL 32399

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

this statement of	f change is sub	bmitted for a corpo	oration orga	anized under	the laws of th	e State of	ŕ	
of Florida.  1. The name of		r to change its reg	<del></del> -	_	TUIZE,			
2. The principal	office address		E 2"	& AVE		· ·	_ <del></del>	<del></del> -
3. The mailing a	ddress (if diff					1		 
4. Date of incorp	ooration/qualil	fication: <u><b>01 - 09 -</b></u>	2002	Documer	nt number:	02000	0042	- <b>8</b> 5
	l street address tment of State	s of the current reg	ristered ager	nt and registe	ered office on	file with th	ne	
	SHANE	1111	1	uort	6	- 1 -		
· .	Dela	PAY BLA	tve. Ck, f	FL 3	33483	<del></del>		
6. The name an changed):		ess of the new reg	_		ed) and /or re		ffice (if	
-	826	SE 2 W M	al mailbox NOT	ray 13c	н, <b>F</b> L 30	34 <b>7</b> 7		
- The street addre agent, as change	ss of its registed will be iden	tered office and th	e street add	ress of the b	usiness office	of its regi	istered	
Such change wa authorized by th	s authorized be board, or the	by resolution duly e corporation has	adopted by been notifie	its board of d in writing	directors or b of the change	y an office	er so	
Signature of an officer,	chairman or vice ch	airman of the board)	BEI	ZNADETT Printed or ty	ed name and title)	2015	_	
l further agree t performance of registered ageni	o comply with my duties, and t. Or. if this d	ent as registered a n the provisions of d I am familiar wi locument is being rm that the corpor	all statutes th and acce filed merely	relative to t pt the obliga v to reflect a	the proper and ution of my po change in the	l complete sition as registere	d	
/	gnature of Registered	d Agent)	÷ <u> </u>	12/4/0	Date)	SECRI	02 T	n
If/signing on behalf	of an entity:					HASS	6-33	MACON.
(T	yped or Printed Nam	* * * FILING	FEE: \$35	,	Capacity)	E.F.		11
		CKS PAYABLE TO FLORIDA OF CORPORATIONS, P.O.	a Department	OF STATE AND M		CLN37.	2: 31	ال