## PD3000004972

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Dusiness Linty Name)
(Decree and Alicenteral
(Document Number)
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## **COVER LETTER**

TO: Amendment Section Division of Corporations								
SUBJECT: Reliable Abstration .								
Name of Corporation .								
DOCUMENT NUMBER: PO300004972								
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:								
Jorathan Elferben								
Name of Contact Person								
Dorathan Eiferben  Name of Contact Person  Reliable Abstrate unc  Firm/Company								
Firm/Company								
780 YanaTO Rd SUTIC 103								
71dd1000								
BOCK RATION FL 23498  City/State and Zip Code								
City/State and Zip Code								
Tomban E 1 P. GMAIL, COM								
Torathan E 1 C Gmail. Com  E-mail address: (to be used for future annual report notification)								
For further information concerning this matter, please call:								
Name of Contact Person at (954) 242 1547  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  Street Address: Amendment Section								
Division of Corporations  Division of Corporations  Division of Corporations								
P.O. Box 6327 Clifton Building								

2661 Executive Center Circle

Tallahassee, FL 32301

Tallahassee, FL 32314

## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS $\phantom{a}$

Pursuant to the provision statement of change is su in order to chan	bmitted j	for a corpo	ration organ	ized under t	he laws of the L	State of <u>Flor</u>	٠, ۵ -
1. The name of the corpo	ration:	Relia	ible Ale	stra it	nc		
2. The principal office address:		800,	Yanato	RZ	33491 Sucie	103	
		Boca	Ration	PL	33491	33431	
3. The mailing address (i	f differe	nt):					
4. Date of incorporation/	qualifica	ution: //n	1/03	Docu	nent number:	P0300	0004972
5. The name and street ac Florida Department of					istered office of	on file with the	
	USIN	ess fi	Lings 1	<u> </u>	<u></u> _:		
. 5	- 515 .	E park	- pre				
	سلام	Lasse	L FL	327	301		÷ (2)
6. The name and street as (if changed):	ddress of	_		,	_	stered office	1 -
		Jorai	han Ec			,, <u>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u>	
		800	P.O. Box NOT	<u></u>	SUITE	103	نگ آ <u>ن</u> نگ
		Down	Rato	n FL	33431	<u> </u>	
The street address of its as changed will be ident	register ical.	ed office ar	nd the street	address of t	he business of	fice of its regis	tered agent,
Such change was author authorized by the board	ized by or the c	resolution of	duly adopted has been no	l by its boar tified in wri	d of directors of ting of the cha	or by an officer nge.	so
Signature of an off	ill			_ Jo	Printed or typed in	Jersen ame and title	President
I hereby accept the appe I further agree to compl performance of my dutie agent. Or, if this docum hereby confirm that the	ly with the es, and I nent is be	ne provision am familia eing filed m	ns of all stat ir with and d ierely to refl	utes relative accept the ol ect a chang	e to the proper bligation of my e in the registe	and complete position as re	gistered ess, I
Signature of R	11				7/1/14		
	•				Date		
If signing on behalf of a	in entity:						
Typed or Pri	nted Name	<del></del> _	<del></del>				
		* * *	FILING FE	E: \$35.00 *	**		