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COVER LETTER

TO:	Amendment Section
	Division of Corporations

SUBJECT: The Minimalist Group Inc.

Name of Corporation

POCUMENT NUMBER: P04000075324

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:

Name of Contact Person
The Minimalist Group Inc.
Firm/Company
2950 NW 35 Street

Address

Miami FL 33142
City/State and Zip Code

Kevin@beachpebbles.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Kevin Keimig
Name of Contact Person

at (305)438-1775
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 estatement of change is submitted for a corporation organized under the least in order to change its registered office or registered agent, or be	tws of the State of Florida	
I. The name of the corporation: The Minimalist Group Inc.		
2. The principal office address: 2950 NW 35 Street Miami FL	33142	
3. The mailing address (if different): Same		
4. Date of incorporation/qualification: 2004 Document	number: P0400075324	
5. The name and street address of the current registered agent and register Florida Department of State: (If resigned, enter resigned)		
Kevin Keimig		
3214 NE 2nd Avenue	>₹c	
Miami FL 33137	19 OCT	
6. The name and street address of the new registered agent (if changed) and /or registered office		
Kevin Keimig	- 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	
2950 NW 35 Street \$\frac{\beta_{\text{2}}}{2} \frac{12}{2}		
P.O. Box NOT acceptable Miami FL 33142		
The street address of its registered office and the street address of the b as changed will be identical.	usiness office of its registered agent,	
Such change was authorized by resolution duly adopted by its board of authorized by the board, or the corporation has been notified in writing	directors or by an officer so	
	mig - President	
I hereby accept the appointment as registered agent and agree to act in I further agree to comply with the provisions of all statutes relative to t performance of my duties, and I am familiar with and accept the obligation agent. Or, if this document is being filed merely to reflect a change in thereby confirm that the corporation has been notified in writing of this	this capacity. he proper and complete ition of my position as registered the registered office address, I	
10/11/19		
Signature of Registered Agent	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 * * *