P050000 60179

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COVER LETTER

Division of Corporations			
SUBJECT:	PAUL H. Sol		
DOCUMENT NUMBER: 0 50000 60179			
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 Contac	t Person	
		Comon D.A.	
	6780 Congra	uss Aut. # Zoz	
Bock Ration F1 33487 City/State and Zip Code			
	E-mail address: (to be used for futur	Bell Soulf, 181 re annual report notification)	
For further information concerning this matter, please call:			
VAUL Na	ame 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 LORICA
in order to change its registered office or registered agent, or both, in the State of Florida.
O. I
2. The principal office address: 6770 (ang Ress Ave * PHP
BOLA RATION, FL 33487
3. The mailing address (if different):
4. Date of incorporation/qualification: 4/22/205 Document number: 505000 60
• •
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)
PAUL H. Solomon
(770 CONVIEW AND WALLE
Boy Ration FL 334P7 6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):
30 0 19 10 N PC 3 370 7
6. The name and street address of the new registered agent (if changed) and /or registered office
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed): AUL H. Solomon United
BOLA RATION FL 33487
P.O. Bot NOT acceptable
3001 19t/m, PL 33481
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.
Daid Colores Pi
Signature of an oblicer 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.
2/18/19
Signature of Registered Agent / Dale
If signing on behalf of an entity:
Typed or Printed Name

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