PU600052711

	Requestor's Name)
	Address)
	Address)
(City/State/Zip/Phone #)
PICK-UP	☐ WAIT ☐ MAIL
(Business Entity Name)
(Ocument Number)
Certified Copies	Certificates of Status
Special Instructions	n Filing Officer:
opeda, mar genona	
	Office Use Only

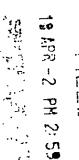


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COVER LETTER

то:	Amendment Section Division of Corporations
	Issue Advocacy, Inc.
SUBJ	Name of Corporation
	P06000082711
DOC	JMENT NUMBER:
The et	closed Statement of Change of Registered Office/Agent and fee are submitted for filing.
Please	return all correspondence concerning this matter to the following:
	Wiley Horton
	Name of Contact Person
	Firm/Company
	215 South Monroe St., 2nd Floor
	Address
	Tallahassee, FL 32301
	City/State and Zip Code
	wiley@penningtonlaw.com
	E-mail address: (to be used for future annual report notification)
For fu	rher information concerning this matter, please call:
Kelly	Horton 850 251-8400
	Name of Contact Person Area Code & Daytime Telephone Number
Enclo:	sed 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
	P.O. Box 6327 Clifton Building
	Tallahassee. FL 32314 2661 Executive Center Circle
	Tallahassee, FL 32301

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

	•	provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this ingression of the State of the St			
	-	or to change its registered office or registered agent, or both, in the State of Florida.			
1. The na	ame of t	the corporation:			
l	8975 Winged Foot Dr. principal office address:				
		ee, FL 32312			
3. The m	ailing a	address (if different):	_		
4. Date o	of incorp	poration/qualification: 6/16/2016 Document number: P0600082711			
5. The na	ame and	I street address of the current registered agent and registered office on file with the rtment of State: (If resigned, enter resigned)			
ı		Kelly Horton			
}		522 Williams St.			
		Tallahassee, FL 32301	<u> </u>		
6. The name		d street address of the new registered agent (if changed) and /or registered office	T1 		
ļ		Wiley Horton			
		215 S. Monroe St, 2nd Floor			
		P.O. Box NOT acceptable Tallahassee, FL 32303			
The stree	et addre ed will	ess of its registered office and the street address of the business office of its registered agent, be identical.			
Such cha authorize	inge wa ed by th	as authorized by resolution duly adopted by its board of directors or by an officer so be board, or the corporation has been notified in writing of the change.			
_{}	Signatur	Alliton J. HEFE UCY D re of anothicer or director Printed or typed name and title	P		
l furthel perform	accept agree t mce of	the appointment as registered agent and agree to act in this capacity, to comply with the provisions of all statutes relative to the proper and complete my duties, and I am familiar with and accept the obligation of my position as registered is document is being filed merely to reflect a change in the registered office address, I that the corporation has been notified in writing of this change.			
	Sign	nature of Registered Agent 3 24 - 18			
If signin	g on bel	half of an entity:			
	Ту	yped or Printed Name			
		* * * FILING FEE: \$35.00 * * *			

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314