

PO6 000114221

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: GLOWAY INC
Name of Corporation

P06000114221
DOCUMENT NUMBER:

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:

Fabio Varona
Name of Contact Person
Gloway Inc
Firm/Company
9644 Vineyard Ct
Address
Boca raton FL 33428
City/State and Zip Code
fvarona@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Fabio Varona 786 8739969
Name of Contact Person at () 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 Florida in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: Gloway Inc
2. The principal office address: 8171 NW 60 Street. Miami Fl, 33166

3. The mailing address (if different): PO BOX 260335 Pembroke Pines, Fl 33026

4. Date of incorporation/qualification: 09/05/06 Document number: P06000114221

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)

Maria A Londono
700 SW 128 AV Apt 305 C
Pembroke Pines, Fl 33027

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

Maria A Varona
13435 NW 9 Ct
P.O. Box NOT acceptable
Pembroke Pines, Fl 33028

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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.

x 
Signature of an officer or director

MARIA A VARONA
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.

x 
Signature of Registered Agent

12-17-2014
Date

If signing on behalf of an entity:

x MARIA A VARONA
Typed 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
CR2E045 (03/12)