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TO: Amendment Section
Division of Corporations

SUBJECT: ART BY ALICIA INC ADDRESS CHANGE

Name of Corporation

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:

ALICE MCCLAUGHLIN

Name of Contact Person

ART BY ALICIA, INC

Firm/Company

2464 GRAND TETON CIRCLE

Address

WINTER PARK, FL 32792

City/State and Zip Code

RLEIGH@SWANNHADLEY.COM

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

For further information concerning this matter, please call:

RICHARD LEIGH

407

647 2777

at (

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
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: ART BY ALICIA, INC
2. The principal office address: 2464 GRAND TETON CIRCLE
WINTER PARK FL 32792
3. The mailing address (if different): 201 AQUA AVE PH02 MIAMI BEACH FL 33141
4. Date of incorporation/qualification: _____ Document number: _____
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)
2464 GRAND TETON CIRCLE
WINTER PARK FL 32792

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

1920 VIA CONTESSA

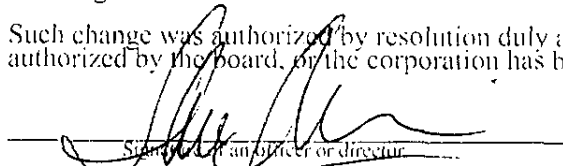
WINTER PARK FL 32789

P.O. Box NOT acceptable

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TALLAHASSEE, FL 32304

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.



Signature of an officer or director

ALICE MCLAUGHLIN, PRESIDENT

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.

AUGUST 24, 2015

Signature of Registered Agent

Date

If signing on behalf of an entity:

ALICE MCLAUGHLIN

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