

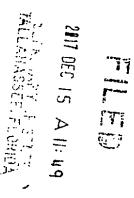
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DEC 1 8 2017
T. LEANIEUX



COVER LETTER

CUBIFOT PVIMUS GODD	
SUBJECT: EXITUS, CORP. Name of Corporation	on
DOCUMENT NUMBER: P07000050598	
The enclosed Statement of Change of Registered Office/Agent	and fee are submitted for filing
	· ·
Please return all correspondence concerning this matter to the f	ollowing:
David P. Reiner, II. Esq. Name of Contact Per	son
Reiner & Reiner, P.A.	
Firm/Company	
9100 S. Dadeland Blyd Suit Address	e 901
Miami, FL 33156 City/State and Zip Co	ode
dpr@reinerslaw.com E-mail address: (to be used for future an	nual report notification)
For further information concerning this matter, please call:	
Diana Escobar at (at (at (305) rea Code & Daylime Telephone Number
Enclosed is a \$35.00 check made payable to the Department of	State.
Mailing Address:	Street Address:
Amendment Section Division of Corporations	Amendment Section
P.O. Box 6327	Division of Corporations Clifton Building
Tallahassee, FL 32314	2661 Executive Center Circle
	Tallahassee, FL 32301

TO:

Amendment Section Division of Corporations

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

statement of ch	provisions of sections 60 ange is submitted for a co fer to change its registered	orporation organized (under the laws of the	State of Florida
1. The name of	the corporation: E	XITUS, CORP.		
	l office address: 4005			Doral, FL 33178
3. The mailing	address (if different):			
4. Date of incor	rporation/qualification:	04/25/07	Document number:	P07000050598
5. The name an	d street address of the cur artment of State: (If resign	rrent registered agent a		
	resigned			
				<u>-</u>
6. The name an (if changed):	— David P. Reir	w registered agent (if oner, II.		T BEC 15
	Miami, FL 33156	P.O. Box NOT accept	mblc	
as changed wil	ress of its registered offic	ee and the street addre		ffice of its registered agen
_	we of an officer of director I the appointment as regi to comply with the provi f my duties, and I am fam his document is being file that the corporation has	istered agent and agr isions of all statutes r tiliar with and accept ad merely to reflect a s been notified in wri	Printed or typed or typed or typed or this cape relative to the proper the obligation of my change in the registrating of this change.	
	gnature of Registered Agent		Date	11,2017
	ehalf of an entity: Will Policy Typed or Printed Manne	uer_		

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