P07000077082

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	ty/State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nam	ne)
(Do	ocument Number)	
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08/25/16--01022--018 **35.00

SECRETARY OF STATE

SEP 9 2016 C LEWIS .

08/18/2016 8:47 AM FAX

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

20001/0001

statement of cha	provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, inge is submitted for a corporation organized under the laws of the State of Florida r to change its registered office or registered agent, or both, in the State of Florida.	this
	office address: 7154 N. UNIVERSITY DR., #237 TAMARAC, FL. 33321	C
3. The mailing a	ddress (if different):	
4. Date of incorp	poration/qualification: 07/02/2007 Document number: P07000077	082
5. The name and	street address of the current registered agent and registered office on file with the tment of State: (If resigned, enter resigned)	
	NRAI SERVICES, INC	
	1200 South Pine Island Road	~ ≃
	Plantation, FL. 33324	2016 A
6. The name and (if changed):	I street address of the new registered agent (if changed) and /or registered office	AUG 25 PM
	LEGALINC CORPORATE SERVICES INC	PM
	5237 SUMMERLIN COMMONS SUITE 400	强和T2: 56
	FORT MEYERS, FL. 33907	<u> </u>
The street address changed will	ess of its registered office and the street address of the business office of its register be identical.	ed agent,
Such change was authorized by the	as authorized by resolution duly adopted by its board of directors or by an officer so se board, or the corporation has been notified in writing of the change.)
Sumari	re of an officer or director Printed or typed fiame and title	
I hereby accept Ifurther agree performance of agent. Or, if th heneby confirm	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 dulies, and I am familiar with and accept the obligation of my position as regis is document is being filed merely to reflect a change in the registered office address that the curporation has been notified in writing of this change. Solution Solution Date Date	stered s, I
If signing on be	chalf of an entity;	
MISKU C	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