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COVER LETTER

TO:

Amendment Section Division of Corporations

Name of Corporation

08000011048

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:

ANA C VOICU

Name of Contact Person

MEEVO Inc

Firm/Company

5533 N MILITARY TRAIL #1707

Address

BOCA RATON, FLORIDA, 33496

City/State and Zip Code

anacvoicu@gmail.com

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

For further information concerning this matter, please call:

ANA C

at (954) 554-2749

Area Code & Daytime Telephone Number

Name of Contact Person

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

statement of cha	nge is submitted for a corporation o	7.0502, 607.1508, or 617.1508, Florida Statutes, this organized under the laws of the State of FLORIDA registered agent, or both, in the State of Florida.	
L. The name of t	he corporation: MEEVO INC		
2. The principal	office address: 5533 N MILITATION, FLORIDA, 3349		
3. The mailing a	ddress (if different): 5533 N M	ILITARY TRAIL, #1707	
		Document number: P08000011048	
5. The name and	I street address of the current registement of State: (If resigned, enter re	ered agent and registered office on the with the	
	5533 N MILITARY TRA	AIL, #1714,	
	BOCA RATON, FLOR	IDA, 33496	
6. The name and (if changed):	I street address of the new registere	d agent (if changed) and /or registered office	
	5533 N MILITARY TRA	AIL, #1707	
	BOCA RATON, FLORIDA, 33496		
	P.O. Bo	ox NOT acceptable	
The street addre	ess of its registered office and the be identical.	street address of the business office of its registered agent,	
Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the loard, or the corporation has been notified in writing of the change.			
		ANA C VOICU Printed or typed name and title	
I haraby accant	the appointment as registered age to comply with the provisions of a my duties, and I am familiar with is document is being filed merely t that the corporation that the	ent and agree to act in this capacity. Il statutes relative to the proper and complete and accept the obligation of my position as registered o reflect a change in the registered office address, I ified in writing of this change.	
1	ho Unstime Very	09/25/2017	
Sig	nature of Registered Agent	Date	
If signing on bo	chalf of an entity:		
ANA C VC			
Т	yped or Printed Name		

Make checks payable to Florida Department of State Mail to: Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

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