## P0800031709

| (Re                     | questor's Name)    |             |
|-------------------------|--------------------|-------------|
| (Ad                     | dress)             |             |
| (Ad                     | ldress)            | <del></del> |
| (Cit                    | ty/State/Zip/Phone | #)          |
| PICK-UP                 | ☐ WAIT             | MAIL        |
| (Bu                     | siness Entity Name | e)          |
| (Do                     | ocument Number)    |             |
| Certified Copies        | _ Certificates     | of Status   |
| Special Instructions to | Filing Officer:    |             |
|                         |                    |             |
|                         |                    |             |
|                         |                    |             |
|                         |                    |             |

Office Use Only



400323832974

01/29/19--01006--004 \*+35.00

2019 JAN 29 PH 2: 19 SECRETARY ST STATE TALLAHASSEE, FLORIG

JN5,19

## **COVER LETTER**

| TO: Amendment Section Division of Corporations  |
|---|
| SUBJECT: Florida Cymency Elchange CWP.  |
| DOCUMENT NUMBER: <u>D08000031709</u>  |
| 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:                     |
| Jennifer Long Name of Contact Person  |
| Fluida Curercy Exchange Corp.<br>1408 N. West Shive 6/Vd. 5tc 405                             |
| Address Address   |
| Toma F2. 33607<br>City/State and Zip Code   |
| E-mail address: (to be used for future annual report notification)                            |
| For further information concerning this matter, please call:                                  |
| Name of Contact Person at (813) 280-9999 Area Code & Daytime Telephone Number                 |
| Area code & Daytine 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

OR REGISTERED AGENT OR

## STATEMENT OF CHANGE OF REGISTERED OFFICE OF 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: Flyida Currency Exchange COVP.   |
| 1. The name of the corporation: Florida Currency Exchange COVP.  2. The principal office address: 1408 N. WESTSTAVE blvd. SK 405   |
| Toma, Fr. 33607  |
| 3. The mailing address (if different):   |
| 4. Date of incorporation/qualification: March 2008 Document number: 208 000031709  |
| 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)   |
| Teresa Medaniel  |
| 1408 11 is rectistance tolled St. 1/12 =   |
| Tompa, Fl. 33607  6. The name and street address of the new registered agent (if changed) and /or registered office P  |
| 6. The name and street address of the new registered agent (if changed) and /or registered office 2  |
| Jennifer Long  |
| 1408 N. Westshare blvd. Ste 405-<br>P.O. Box NOT acceptable  |
| Tampa Fr. 33607  |
| 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 other) affector Lee Printed or Typed name and title 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. |
| 1-19-19 Determined Agent   |
| Signature of Registered Agent Date   |
| If signing on behalf of an entity:   |
| Typed or Printed Name  |