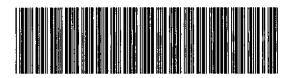
| (Re                     | questor's Name)   |             |
|-------------------------|-------------------|-------------|
| (Ad                     | dress)            |             |
| (Ad                     | dress)            |             |
| (Cit                    | y/State/Zip/Phon  | e #)        |
| PICK-UP                 | MAIT              | MAIL        |
| (Bu                     | siness Entity Nar | me)         |
| (Do                     | cument Number)    |             |
| Certified Copies        | _ Certificates    | s of Status |
| Special Instructions to | Filing Officer:   |             |
|                         |                   |             |
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C. GOLDEN MAY 3 0 2017

## COVER LETTER

TO:

Amendment Section Division of Corporations

SUBJECT. A R Garzon, Inc.

Name of Corporation

DOCUMENT NUMBER:

P09000010459

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:

Alush R Garzon

Name of Contact Person

A R Garzon, Inc.

Firm/Company

9609 Royce Dr.

Address

Tampa, FL 33626

City/State and Zip Code

alushgarzon@hotmail.com

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

For further information concerning this matter, please call:

Alush Garzon

,954

816-1954

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

| statement of cha  | nge is submitted   | for a corporation org  | 502, 607.1508, or 617.1508, Flor<br>anized under the laws of the State<br>stered agent, or both, in the State   | e of Florida                                 |  |
|---|--|--|---|--|--|
| 1. The name of t  | he corporation:  | A R Garzon, Inc.   | <u>.</u>  |  |  |
| 2. The principal  | office address:  | вооэ коусе ыг.,  | Tampa, FL 33626   |  |  |
| 3. The mailing a  | ddress (if differe   | ent):  |   |  |  |
| 4. Date of incorp   | ooration/qualifica   | ation: 2/2/09  | Document number: P09  | 9000010459                                   |  |
|   |  | f the current registered<br>If resigned, enter resig   | agent and registered office on fined)   | le with the                                  |  |
|   | 10505 Doth   | am Ct.   |   | 16 T. 2                                      |  |
|   | Tampa, FL  | 33626  |   | FIL<br>2017 MAY 24<br>SECRETAIN<br>ALLAHASSE |  |
| 6. The name and (if changed):   | d street address of the new registered agent (if changed) and /or registered office 9609 Royce Dr. |  |   |  |  |
|   | Tampa, FL  | 33626  | DT acceptable   | _  |  |
| The street addre<br>as changed will   | ss of its register<br>be identical.  | ed office and the stree  | et address of the business office   | of its registered agent,                     |  |
| Such change wa<br>authorized by th  | s authorized by<br>se board, or the c  | resolution duly adopte corporation has been n  | ed by its board of directors or by otified in writing of the change.  | an officer so                                |  |
| 1-  |  |  | Alush Garzon, Presid  |  |  |
| I hereby accept<br>I further agree t<br>performance of<br>agent. Or, if thi | o comply with the<br>my duties, and I<br>is document is be   | t as registered agent a<br>he provisions of all sto<br>am familiar with and<br>eing filed merely to re | Printed or typed name a and agree to act in this capacity tutes relative to the proper and accept the obligation of my postlect a change in the registered in writing of this change. | complete<br>ition as registered              |  |
| 1-1   | <del>-,</del>  | 7  | 5/22/17   |  |  |
| / Sign  | tanure of Registered A   | -  | Date  |  |  |
| If signing on bel   | Ť  | :  |   |  |  |
| Alush Garzo   | ped or Printed Name  |  |   |  |  |

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