P0900068754

, (Re	questor's Name)	
(Ad	dress)	
(Add	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to I	Filing Officer:	
2) 	÷	



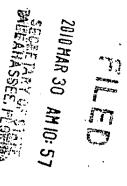
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COVER LETTER

Division of	f Corporations					
SUBJECT:		BOTKII	ND, INC.			
		Name	of Corporation	on		
DOCUMENT NUMBER:P09		0900006	000068754			
The enclosed State	ment of Change of Re	gistered O	ffice/Agent	and fee are s	ubmitted for fili	ng.
Please return all co	rrespondence concern	ing this m	atter to the f	ollowing:		
	DMITE	-LY Name of	US-OV Contact Per	son	······································	
	Bo	OTK!	ND,	INC.		
	8345 N	W	SGTH Address	ST	#771	4
	MIAMI,	FL City/Star	33 te and Zip C	8166 ode	"	
	AOVA B	OTK	IND.	Com		
	gov@ B E-mail address: (to	be used f	or future an	nual report	notification)	
	(,	
For further informa	ition concerning this n	natter, plea	ase call:			
OMITRI	y u S D V ne of Contact Person		at (703	531 876	S 8
Nar	ne of Contact Person		\ <u>A</u>	rea Code & I	Daytime Teleph	one Number
Enclosed is a \$35.0	0 check made payable	to the De	partment of	State.		
	Mailing Address Amendment Se	<u>s:</u> ction		Street Add Amendme	Iress: ent Section	

Division of Corporations

Tallahassee, FL 32301

2661 Executive Center Circle

Clifton Building

Division of Corporations

Tallahassee, FL 32314

P.O. Box 6327

TO:

Amendment Section

STATEMENT OF CHANGE OF REGISTERED OFFICE OR 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: BOTKIND, INC.	
2. The principal office address: 44901 POINT BAY TER ASHBURN VA 20147	
3. The mailing address (if different): 8345 NW 66TH ST # 7714	7
MIAMI, FL 33166	
4. Date of incorporation/qualification: 08/14/2009 Document number: P09000068754	
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)	
CORPORATION SERVICE COMPANY	
1201 HAYS STREET	
TALLAHASSEE FL 32301	
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):	LIVE C
Incorp Services, Inc.	777
17888 67th Court North P.O. Box NOT acceptable	£.,
P.O. Box NOT acceptable Loxahatchee, FL 33470	
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.	
X Pub Signature of an officer or director DM ITRIY USOV DIRECTOR 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.	
Signature of Registered Agent Date	
If signing on behalf of an entity:	
Lisa Granskie for Incorp Services, Inc. Typed or Printed Name	

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