

P100000005833

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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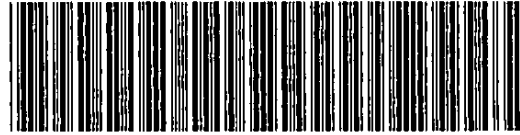
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
12 MAY 14 PM 4:15

R/A/change
@ 5/17/12

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Storick Group Co
Name of Corporation

DOCUMENT NUMBER: P10000005833

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:

A. Whitney Storick
Name of Contact Person

Storick Group Co.
Firm/Company

2901 Clint Moore Road Suite 415
Address

Boca Raton, FL 33496
City/State and Zip Code

ADominguez1@Metlife.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Alma Dominguez at 954 308-7123
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**

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: Storick Group Co
2. The principal office address: 2901 Clint Moore Road #415
Boca Raton, FL 33496
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 01/20/2010 Document number: P10000005833
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)

Scott Storick

3501 N Ocean Drive #11

Hollywood, FL 33019

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

A. Whitney Storick

2901 Clint Moore Road #415

P.O. Box NOT acceptable

Boca Raton, FL 33496

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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.

A. Whitney Storick A. Whitney Storick
Signature of an officer or 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.

A. Whitney Storick 5/8/12
Signature of Registered Agent Date

If signing on behalf of an entity:

Typed 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
CR2E045 (03/12)