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To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081 Phone : (307)200-2803 Fax Number : (855)330-1010

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REGISTERED AGENT CHANGE GUURINK INVESTMENTS, INC.

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Page Count	02
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JAN - 4 2020

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STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

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Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508? Florida Statement of change is submitted for a corporation organized under the laws of the State of in order to change its registered office or registered agent, or both, in the State of Flo	
1. The name of the corporation: GUURINK INVESTMENTS, INC.	
2. The principal office address: 1802 Stargazer Trail Kissimmee, FL 34758	
3. The mailing address (if different): PO Box 1089 Intercession City, FL 33848	
4. Date of incorporation/qualification: 02/09/2010 Document number: P10000013	1923
5. The name and street address of the current registered agent and registered office on file with Florida Department of State: (If resigned, enter resigned)	the .
IDEAL OPPORTUNITIES, INC.	
1802 Stargazer Trail	s 2
Kissimmee, FL 34758	JI9 JA ECRE
6. The name and street address of the new registered agent (if changed) and /or registered offic (if changed):	2019 JAN - 2 AM 10: 42 SECRETARY OF STATE TALLAHASSEE, FL
Registered Agents Inc.	EE,
7901 4th St N STE 300	FP.
P.O. Box NOT acceptable St. Petersburg FL 33702	1.1
The street address of its registered office and the street address of the business office of its ras changed will be identical.	egistered agent,
Such change was authorized by resolution duly adopted by its board of directors or by an off authorized by the board, or the corporation has been notified in writing of the change.	ficer so
Rick Guurink, President Signature of an officer or director Printed or typed name and title	THE PERSON AND ADDRESS OF THE PERSON ADDRESS OF THE PERSON AND ADDRESS OF THE PERSON ADDRESS OF THE PERSON ADDRESS OF THE PERSON ADDRESS OF THE PERS
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 comple performance of my duties, and I am familiar with and accept the obligation of my position a agent. Or, if this document is being filed merely to reflect a change in the registered office a hereby confirm that the corporation has been notified in writing of this change.	lete is registered address, I
Bee Hame 12/31/19	
Signature of Registered Agent Date	
If signing on behalf of an entity:	
Bill Havre Typed or Printed Name	

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