100017980

(Re	equestor's Name)						
(Address)							
, (Ad	ldress)						
(City/State/Zip/Phone #)							
PICK-UP	☐ WAIT	MAIL					
(Business Entity Name)							
(Document Number)							
Certified Copies	_ Certificates	of Status					
Special Instructions to	Filing Officer:						
!							
<u>, </u>							

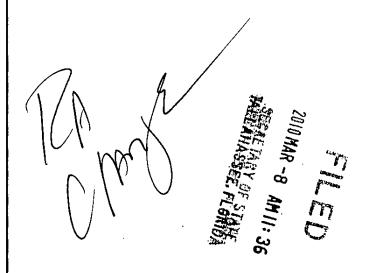
Office Use Only

3,9,10



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COVER LETTER

	Amendment Section Division of Corpora						
SUBJEC	CT:	Pro Evergreen Unlimited, Inc. Name of Corporation					
DOCUN	MENT NUMBER:_	P1(000017980				
The encl	osed Statement of C	Change of Registered Offi	ce/Agent and fee are su	abmitted for filing.			
Please re	eturn all corresponde	ence concerning this matt	er to the following:				
			Amoroso ontact Person				
		rame or C	omact i cison				
	Pro Evergreen Unlimited, Inc.						
		Firm/C	Company				
	824 East Plantation Circle						
	-	Ad	idress				
		Plantation,	Florida 33324 and Zip Code				
		·	·	•			
•	F-mail	amorosoana address: (to be used for	@yahoo.com	notification)			
	D-man	address. (to be used for	ruture annuar report	notineation)			
For furth	ner information con	cerning this matter, please	e call:				
	Ana A	moroso	at (305)	338-4148			
	Name of Co	ntact Person	Area Code & I	338-4148 Daytime Telephone Number			
Enclose	d is a \$35.00 check	made payable to the Depa	artment of State.				
	Am Div P.C	iling Address: hendment Section vision of Corporations D. Box 6327 lahassee, FL 32314	Division of Clifton But 2661 Execution	ent Section of Corporations uilding cutive Center Circle			
			Tallahasse	ee, FL 32301			

TO:

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

statement of cha	nge is submitted for a co	rporation organiz	, 607.1508, or 617.1508, Flo zed under the laws of the Sta red agent, or both, in the Stat	te of Florida		
	the corporation: Pro E					
The principal office address: 824 East Plantation Circle Plantation, Florida 33324						
3. The mailing a	address (if different):					
4. Date of incor	poration/qualification:	3/1/10	Document number:	P10000017980		
	d street address of the cur rtment of State: (If resign		ent and registered office on t	file with the		
	Gordon Krause					
	30722 SW 155th Avenue					
	Homestead, Florid	a 33033		STEERE I		
6. The name and (if changed):	d street address of the new	w registered agent	t (if changed) and /or register	red office		
	Gordon Krause			AM III 36		
	824 East Plantatio			36		
	Divid des El dis	P.O. Box NOT	`acceptable	•		
	Plantation, Florida					
The street addr as changed wil	ess of its registered office libe identical.	ce and the street	address of the business offic	ce of its registered agent,		
Such change wanthorized by t	as authorized by resolut he board, or the corpora	ion duly adopted tion has been no	by its board of directors or tified in writing of the chan	by an officer so ge.		
Signati	del de	رون	Gordon Printed or typed nar	Krause		
I hereby accept further agree of my duties, at document is be corporation ha	t the appointment as reg to comply with the prov nd I am familiar with an ing filed merely to refle is been notified in writin	istered agent and isions of all state d accept the obli ct a change in the g-of this change.	d agree to act in this capaci utes relative to the proper a igation of my position as reg e registered office address,	ty, nd complete performance zistered agent. Or, if this I hereby confirm that the		
- 19 0 Si	gnature of Registered Agent	رها	3/3/ Date	10		
	ehalf of an entity:					
	Gordon Krause					
	Typed or Printed Name					

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