P10000031555

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COVER LETTER

Division of Corporations
SUBJECT: CUTAWAY INC Name of Corporation
DOCUMENT NUMBER: P 1 00000 3 1555
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:
GAL MORALES Name of Contact Person
Cutaway INC Firm/Company
8321 Farway Rd
SUNDSE FL 33351 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Alba L Gonez at (786) 260-5643 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 Street Address: Amendment Section

Division of Corporations

Tallahassee, FL 32301

2661 Executive Center Circle

Clifton Building

Division of Corporations

Tallahassee, FL 32314

P.O. Box 6327

CR2E045 (03/12)

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
in order to change its registered office or registered agent, or both, in the State of Florida.
1. The name of the corporation: Cutoway, INC.
2. The principal office address: 1880 W. Hillsboro Blud Ste.
Deerfield Beach, Fl 33442
3. The mailing address (if different):
4. Date of incorporation/qualification: 4/12/10 Document number: P1000003155
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)
GAL MORALES
1850 W. Hillsboro Blud Ste &
Deer Reld Beach, FL 33492 T
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed): Alba L. Gonez
1880 W. Hillsboro Blud Stell &
Deer-field Beach, FL 33442
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.
Signature of an officer or director Signature of an officer or director 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.
Alba Signature of Registered Agent O7/01/19
If signing on behalf of an entity:
Typed or Printed Name

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314 CR2E045 (03/12)

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