P10000045295

| (Re | equestor's Name) | |
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| (Cit | ty/State/Zip/Phone | #) |
| PICK-UP | WAIT | MAIL |
| (Bu | siness Entity Nam | ne) |
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SECRY (1/2/04 STATE AND)

RAPRO Change

AUG 28 2014 T. CARTER

COVER LETTER

TO: Amendment Section Division of Corporations

SUBJECT: 312 Strength Corp

Name of Corporation

P1000045295

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:

Alexis Gonzalez, Esq.

Name of Contact Person

Law Office of Alexis Gonzalez, P.A.

Firm/Company

3162 Commodore Plaza, Suite 3E

Address

Coconut Grove, Florida 33133

City/State and Zip Code

alexis@aglawpa.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Gustavo Sardina

, 305

223-9999

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

| statement of ch | provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes ange is submitted for a corporation organized under the laws of the State of Florida er to change its registered office or registered agent, or both, in the State of Florida. | | _ |
|---|--|-------------------|--------------|
| 1. The name of | the corporation: 312 Strength Corp | <u>.</u> | |
| 2. The principa | l office address: 3235 NW 41 Street, Miami, FL 33142 | | |
| 3. The mailing | address (if different): | | |
| 4. Date of incom | rporation/qualification: 5/26/2010 Document number: P10000045 | 295 | |
| 5. The name an | ad street address of the current registered agent and registered office on file with the artment of State: (If resigned, enter resigned) | | |
| | Angel Fernandez, Jr | | |
| | 3235 NW 41 Street | | i . <u>.</u> |
| | Miami, FL 33142 | 900 71 | |
| 6. The name and street address of the new registered agent (if changed) and /or registered office (if changed): | | 20 | |
| | AGE RE Services, LLC | PH 2: | 53 53 |
| | 3162 Commodore Plaza, Suite 3E | 32 | VIE V |
| | P.O. Box NOT acceptable Coconut Grove, FL 33133 | | ŕ |
| The street addr | ress of its registered office and the street address of the business office of its regist l be identical. | ered age | nt, |
| = | vas authorized by resolution duly adopted by its board of directors or by an officer the board, or the corporation has been notified in writing of the change. | | |
| Signal | Angel Fernandez, Jr., President Printed of typed name and title | ent_ | _ |
| I hereby accep I further agree performance o agent. Or, if the hereby confun | I the appointment as registered agent and agree to act in this capacity, to comply with the provisions of all statutes relative to the proper and complete f my duties, and I am familiar with and accept the obligation of my position as regist document is being filed merely to reflect a change in the registered office address that the corporation has been notified in writing of this change. 7 24 14 gnature of Registered stent | istered ess, I | |
| If signing on b | ehalf of an entity: | | |
| | nzalez, Manager | | |
| | Typed or Printed Name | | |

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