## P10000096545

(Req	uestor's Name)		
(Add	ress)		
(Add	ress)		
(City	/State/Zip/Phone	· #)	
PICK-UP	☐ WAIT	MAIL	
(Bus	iness Entity Nam	ne)	
(Document Number)			
Certified Copies	Certificates	of Status	
Special Instructions to F  Special Instructions to F  Special Instructions to F  Multiple To Multiple To The Political Instructions to F  Signature.	iling Officer: Mutzuk Hitle Ne	on 12/22/16 xt to	
		4	

Office Use Only



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S. TALLENT DEC 22 2016

6/b. CA

16 DEC 19 PH 2: 41

SECRETARY OF STATE

AND ANY SEEF FLORID.

## **COVER LETTER**

Division of Corporations				
SUBJECT: Pandora's Box Jewelevs Name of Corporation				
DOCUMENT NUMBER: P10000096545				
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:				
Mayla Matzak Name of Contact Person				
Name of Contact Person				
Pondera's Bax Sewelins				
9557 W. Colonial Dr Address				
City/State and Zip Code  City/State and Zip Code  E-mail address: (to be used for future annual report notification)				
E-mail address: (to be used for future annual report notification)				
For further information concerning this matter, please call:				
mw/c matZyk at (407) 340 3456 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 P.O. Box 6327

Tallahassee, FL 32314

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

statement of cha	nge is submitted for a corp	0502, 617.0502, 607.1508, or 617.1 poration organized under the laws of ffice or registered agent, or both, in	f the State of Flurids.
1. The name of t	the corporation: P	landora's Box Sew	elers.Inc.
	office address: 95	ist w. Colonial Dr	<u> </u>
	<u> </u>	oce FL 34761	
3. The mailing a	ddress (if different):		
4. Date of incorp	oration/qualification:	29 2010 Document num	iber: P1000094545
	I street address of the currer trnent of State: (If resigned,	nt registered agent and registered of , enter resigned)	fice on file with the
	wand khe	atib	<b>5</b> g <b>3</b>
		Rivergen Ave	
		mere FL34786	
6. The name and (if changed):	street address of the new r	registered agent (if changed) and /or	r registered office FLORIU
		matznx	
	9557 W	P.O. Box NOT acceptable	
	OCoee	FL 3476!	<del></del>
The street addre as changed will	ss of its registered office a be identical.	and the street address of the busine	ss office of its registered agent,
Such change wa authorized by th	s authorized by resolution to board, or the corporation	duly adopted by its board of direct has been notified in writing of th	tors or by an officer so e change.
Signatur	w Chatzwk re of an officer or director	Mayla	matzik, VP.
I hereby accept I further agree t performance of agent. Or, if thi hereby confirm t	the appointment as registe o comply with the provisio my duties, and I am familia s document is being filed that the corporation has be	ered agent and agree to act in this ons of all statutes relative to the pr ar with and accept the obligation of merely to reflect a change in the re een notified in writing of this chan	capacity. oper and complete of my position as registered gistered office address, I ge.
Sign	ature of Registered Agent	12/1	5/2016 Date
If signing on bel	half of an entity:		
mark	x matznx	****	
. Ty	/ped or Printed Name		

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