P110000 15610

(Red	questor's Name)	
(Add	dress)	
(Add	dress)	
(City	//State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL MAIL
(Bus	siness Entity Nar	ne)
(Doc	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to Filing Officer:		
<u> </u>		

Office Use Only



600329421576

05/16/19--01012--015 ++35.00

19 MAY 16 PM 3: 05
SECRETARY DE SIMIE
SECRETARY DE SIMIE

WAY 3 1 2019 T SCHROEDER

COVER LETTER

TO: Amendment Section Division of Corporations		
SUBJECT: Reaktiv Sty	ame of Corporation	
DOCUMENT NUMBER: PIO	015610	
The enclosed Statement of Change of Registe	red Office/Agent and fee are submitted for filing.	
Please return all correspondence concerning to		
Trease retain an correspondence concerning	mater to the following.	
<u>Joshua</u>	Zatun me of Contact Person	
Reaktiv	Studios Inc Firm/Company	
31805 Teme	Address Address	
Temewia Ci	A- 02592_ VState and Zip Code	
admin @ Re	a Kty Studios Com ised for future annual report notification)	
·	·	
For further information concerning this matter, please call:		
SOSNVA Eaton Name of Contact Person	at (S44) 473 2584 Area Code & Daytime Telephone Number	
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 Corport P.O. Box 6327 Tallahassee, FL 32	ations Division of Corporations Clifton Building 314 2661 Executive Center Circle	
	Tallahassee FL 32301	

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: Reaktiv Studios Inc
2. The principal office address: 7901 AM Street North
Soile 300, St Petersiana FL 32702
3. The mailing address (if different): 31805 Terrecula Parcway #734
Temerija (A 92592
4. Date of incorporation/qualification: 214 201 Document number: Place 15610
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)
3030 N. Rocky Point Dr
STE 150 A
Tampa FL 3360) = 55 5
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed): Registered Agents INL.
7901 Am Street North
Suite 300
St. Petershira: M 33707
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
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.
Signature of Registered Agent Date
If signing on behalf of an entity:
Typed or Printed Name
* * * FILING FEE: \$35.00 * * *

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314