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To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081 Phone : (307)200-2803 Fax Number : (855)330-1010

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REGISTERED AGENT CHANGE

Certificate of Status	0		
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MISS GROUP INC

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

statement of cha	nge is submitted for a corporation	517.0502, 607.1508, or 617.1508. Florida Si n organized under the laws of the State of Fl	lorida	
		registered agent, or both, in the State of Fl _	lorida.	
1. The name of	he corporation: MISS GROUP IN	C		<del></del>
2. The principal	office address: 2719 HOLLYWOO	D BOULEVARD		
SUITE A-241, H	OLLYWOOD, FL 33020			<del></del>
3. The mailing a	ddress (if different):			
4. Date of incorp	poration/qualification: 03/01/2011	Document number: P11000020	0340	
	I street address of the current regis tment of State: (If resigned, enter	stered agent and registered office on file wit resigned)	h the	
	ROYALE MANAGEMENT SERV	VICES INC.		
	2319 N ANDREWS AVE			
	FT LAUDERDALE, FL 33311		,	2020
6. The name and (if changed):	I street address of the new register	red agent (if changed) and /or registered offi	ice	2020 NOV -4 AM II: 33
	Registered Agents Inc.		6 10 10 10 10 10 10 10 10 10 10 10 10 10	AH [
	7901 4th St N, STE 300		Constant	= {
		P.O. Box NOT acceptable		ဌ္ဌ
	St. Petersburg, FL 33702			
The street address changed will	ess of its registered office and the be identical.	e street address of the business office of its	registere	d agent,
Such change was authorized by the	as authorized by resolution duly a ne board, or the corporation has b	adopted by its board of directors or by an opeen notified in writing of the change.	officer so	
Jeremi	ı Ennis	Jeremy Ennis		
-	re of an officer or director	Printed or typed name and titl		
aocument is bei	the appointment as registered as to comply with the provisions of all am familiar with and accepting filed merely to reflect a chang been notified in writing of this c	gent and agree to act in this capacity, all statutes relative to the proper and com the obligation of my position as registered ge in the registered office address, I hereb change.	plete perf l agent. C y confirm	ormance or, if this that the
Bee H	me	11/04/2020		
Sig	nature of Registered Agent	Date		
If signing on be	half of an entity:			
Bill Havre				
Т	yped or Printed Name			

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314 CR2E045 (04/13)

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