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COVER LETTER

Division of Corporations		
SUBJECT: DUTY FREEZONE, FNC. Name of Corporation		
DOCUMENT NUMBER: 11 0000 5 444 7		
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:		
William T BROWN Name of Contact Person William T BROWN 7. A Firm/Company		
777 BRICKELL ITUE SufE 1114		
MIAM, Flore DA 3313/ City/State and Zip Code		
E-mail address: (to be used for future annual report notification)		
For further information concerning this matter, please call: William T. Brown at (305) 536-348 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

TO:

Amendment Section

, 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
1. The name of the corporation: DUTYFREEZONE, FINC. 2. The principal office address: 3101 WORTH FEDERAL HIGHWAY
2. The principal office address: 3101 WORTH FEDELAY HIGHWAY
Suite 301C FE, LAUSERDATE FL 3330E
3. The mailing address (if different):
4. Date of incorporation/qualification: 66/09/2011 Document number: P1100005444
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)
RESIGNED
· · · · · · · · · · · · · · · · · · ·
<u> </u>
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed): William Brown FA 5 1114
777. BRICKEL ITVE SUITE 1114 P.O. Box NOT acceptable
MINNE FOREDA 3313/
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 a 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.
Signature of Registered Agent Dec 16 7013 Date
If signing on behalf of an entity:
Willi HM V. Brown Tres Typed or Printed Name

Make checks payable to Florida Department of State Mail to: Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

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

CR2E045 (03/12)