

P11000075365

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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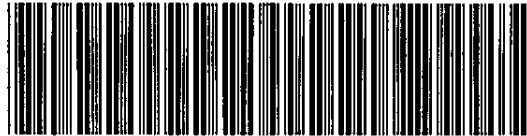
(Business Entity Name)

(Document Number)

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DIVISION OF CORPORATIONS
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C.L.
3-6-15

2804 Gateway Oaks Drive #200 Sacramento, CA 95833

Phone (800)533-7272 Fax (800)603-5868

REFERENCE # MUST BE ON INVOICE TO BE PAID

NUMBER PAGES:

Date: February 27, 2015

AE: Milton Vong

TO: Florida Department of State

H1080

REFERENCE: 865825

PO Box 6327

Tallahassee, FL 32314

FAX:

PLEASE PERFORM THE FOLLOWING:

SPACEPLUS REAL ESTATE INC.

Change of Registered Agent

IN: FL

SPECIAL INSTRUCTIONS:

<u>Service Description</u>	<u>Check Number</u>	<u>Name</u>	<u>Amount</u>
Change of Registered Agent	530408	Florida Department of State	\$35

PLEASE RETURN: Email

PLEASE CALL (800)533-7272 ATTN: Milton Vong TO CONFIRM FILING RESULTS

RETURN TO: PARASEC - 2804 GATEWAY OAKS DRIVE #200 SACRAMENTO, CA 95833

CALL IMMEDIATELY IF YOU HAVE ANY QUESTIONS OR THE DEADLINE WILL NOT BE MET
(800)533-7272

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: SPACEPLUS REAL ESTATE INC.

Name of Corporation

DOCUMENT NUMBER: P11000075365

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:

MILTON VONG

Name of Contact Person

PARACORP INCORPORATED

Firm/Company

2804 GATEWAY OAKS DR #200

Address

SACRAMENTO, CA 95833

City/State and Zip Code

g.schneider@azurfive.com

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

For further information concerning this matter, please call:

MILTON VONG

Name of Contact Person

at (888) 886-7166

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**

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 FLORIDA in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: SPACEPLUS REAL ESTATE INC.
2. The principal office address: 201 SOUTH BISCAYNE BOULEVARD SUITE 1500 (GR) MIAMI, FL 33131
3. The mailing address (if different): c/o Mitchell Howard CPA
3800 SOUTH OCEAN DR. Suite 228, HOLLYWOOD FL 33019
4. Date of incorporation/qualification: 08/23/2011 Document number: P11000075365
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)

CORPORATION COMPANY OF MIAMI
201 SOUTH BISCAYNE BOULEVARD SUITE 1500 (GR)
MIAMI, FL 33131

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

Paracorp Incorporated
155 Office Plaza Drive, 1st Floor
P.O. Box NOT acceptable
Tallahassee, FL 32301

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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] Gerd Schneider - President
Signature of an 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] 02/27/2015
Signature of Registered Agent Date

If signing on behalf of an entity:

LETICIA BURLESON, ASSISTANT SECRETARY
Typed or Printed Name

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