91200033540

(Re	equestor's Name)	
(Ad	ldress)	
(Ad	Idress)	
(Cit	ty/State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL
(Ви	isiness Entity Name	e)
(Do	ocument Number)	
Certified Copies	_ Certificates o	of Status
Special Instructions to	Filing Officer:	-
	Office Use Only	,



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R. WHITE JAN 1 0 2018

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

in or	der to change its registered office or registered agent, or both, in the State of Florida.	
1. The name of	of the corporation: PACO REGITY INC.	
	al office address: 1706 Musher Dr.	
00	1ANDO F1 32810	
3. The mailing	g address (if different):	
4. Date of inc	orporation/qualification: 4/4/2 3/2 Document number: 12 66 86 32	255
	and street address of the current registered agent and registered office on file with the partment of State: (If resigned, enter resigned)	
	James Brunghton Fig =	
	1929 SOUTH BLUD 1 3 &	
	MA 1+1Ann F/ 32751	
		in
 The name a (if changed) 	nd street address of the new registered agent (if changed) and /or registered office	
(ii changed	Robert Broughton	
	1706 MoShen Dn P.O. Box NOT acceptable	
	ON/AMOU F1 32810	
The street add is changed w	fress of its registered office and the street address of the business office of its registered agent, ill be identical.	ı
Such change suthorized by	was authorized by resolution duly adopted by its board of directors or by an officer so the board, or the corporation has been notified in writing of the change.	
Qu.	mee Ann 775 JAMES BRONGLION	
/ Sign	Printed or typed name and title	
hereby acce further agre performance agent. Or, if aereby confir	of the appointment as registered agent and agree to act in this capacity. The to comply with the provisions of all statutes relative to the proper and complete of my duties, and I am familiar with and accept the obligation of my position as registered this document is being filed merely to reflect a change in the registered office address, I of that the corporation has been notified in writing of this change.	
Mist	et Bur 12/1/17	
f signing on l	behalf of an entity:	

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314 CR2E045 (03/12)

COVER LETTER

TO: Amendment Section Division of Corporations	
SUBJECT: Feare Realty Inic Name of Corporation	
DOCUMENT NUMBER: APP 1 Atton 4832860	<u>}</u>
The enclosed Statement of Change of Registered Office/Agent and fee are submitted	l _i
Please return all correspondence concerning this matter to the following:	
Robert Broughton	·
Peace Nee17-4 Firm/Company	
1706 Moshen Dnite	•
ONIANDO F1 328 City/State and Zip Code	1
E-mail address: (to be used for future annual report notifical	
For further information concerning this matter, please call: Cobert Broughton at (107 37) Name of Contact Person Area Code & Daytime	5 - 6/36
Area Code & Daytime	ciepnone 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
Tallahassec, FL 32301

CR2E045 (03/12)