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To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : REGISTERED AGENTS INC.

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

\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address:

## REGISTERED AGENT CHANGE PARKWAY BLVD INVESTMENTS INC

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

statement of cha	unge is submitted for a corporation	617.0502, 607.1508, or 617.1508, Florida Statute on organized under the laws of the State of or registered agent, or both, in the State of Florida	
1. The name of	the corporation: Parkway Blve	d Investments Inc	
2. The principal	office address: 2601 Milford	Berry Ln	
TAMPA, I	FL 33618		
3. The mailing a	address (if different):		
4. Date of incor	poration/qualification: 05/14/2	012 Document number: P12000044	877
	d street address of the current reg rtment of State: (If resigned, ente	istered agent and registered office on file with the ${\bf r}$ resigned)	
	Yazdani, Ali		.o. ≃
	2601 Milford Berry Ln	TALL	2018 AUG SECRET!
	TAMPA, FL 33618		
6. The name and (if changed);	d street address of the new registe	ered agent (if changed) and /or registered office	B AH 9:
	Northwest Registered A	gent, LLC.	15. t. 5
	3030 N. Rocky Point Dr.	. STE 150A	,
		. Box NOT acceptable	
	Tampa FL 33607		
The street address changed will	ess of its registered office and the identical.	e street address of the business office of its regis	tered agent,
Such change wa authorized by the	as authorized by resolution duly he board, or the corporation has	adopted by its board of directors or by an officer been notified in writing of the change.	so
		Ali Yazdani - President	
I hereby accept I further agree performance of agent. Or, if th	to comply with the provisions of mv duties, and I am familiar wit	Printed or typed name and trile seent and agree to act in this capacity. All statutes relative to the proper and complete th and accept the obligation of my position as res y to reflect a change in the registered office addr otified in writing of this change.	zistered ess, I
lon	Glove	7/27/2018	
Sig	nature of Registered Agent	Date	<del></del>
If signing on be	ehalf of an entity:		
Tom Glover			
т	yped or Printed Name		

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TAILLAHASSEE, FL 32314 CR26045 (03/12)

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