## Placub3353

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## **COVER LETTER**

	nendment Section vision of Corporations	
SUBJECT	: AndREA'S Enteron Name of Comp	Orists Inc
DOCUME	NT NUMBER: <u>P12 0000 52</u>	2353
	ed Statement of Change of Registered Office/A	
	n all correspondence concerning this matter to	•
	Andrea Peru Name of Contac	t Person
	Firm/Comp	any
	438 W. Hills be	ro Blud
	DEER FIELD BEACH	1 PL 33441
	Info@ andress be E-mail address: (to be used for future	EAUty.com
	E-man address: (to be used for futur	e annual report notification)
For further i	information concerning this matter, please call:	
An	Name of Contact Person	1 ( <u>561</u> ) <u>213–2860</u> Area Code & Daytime Telephone Number
	a \$35.00 check made payable to the Departmen	
	Mailing Address: Amendment Section	Street Address: Amendment Section
	Division of Corporations	Division of Corporations
	P.O. Box 6327	Clifton Building

2661 Executive Center Circle

Tallahassee, FL 32301

Tallahassee, FL 32314

## 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
in order to change its registered office or registered agent, or both, in the State of Florida.
1. The name of the corporation: Ancle FA's Enterprises, Inc.
2. The principal office address: 438 W. Hills boto Blud
DEERfield Beach, PL 33441
3. The mailing address (if different):
4. Date of incorporation/qualification: 06/07/2012 Document number: 7/20005235
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)
Roberta Ciangaslione (Resigned)
438 W. Hills bord Blud
Deergeld Beach, A 33441
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):
Andrea PEREIRA
438 W. Hillsboro Blud
DEERFIELD BEACH, FL 33441
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 cauthorized by the board, or the corporation has been notified in writing of the change.
Kaberty Cianga Clone Roberty CiAN FAG NONE
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 fortional has been notified in writing of this change.
Signapore of Hegistered Agent 07/06/17 Date
If signing on behalf of an entity:
Andrea PERFIRA

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)