(Requestor's Name)	
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PICK-UP WAIT MAIL	
(Business Entity Name)	05/16/17010290(
(Document Number)	
Certified Copies Certificates of Status	
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COVER LETTER

TO: Amendment Section Division of Corporations	
SUBJECT: PEAZ INC. Name of Corporation	
DOCUMENT NUMBER: P120000 67382	
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:	
MICHAEL B PALKA Name of Contact Person	
PEAZ INC Firm/Company	
511 S.E. 5" AVENUE Apt 226	
FORT LAUDER DALE FL. 3330/ City/State and Zip Code	
TCW Brook 1@ Comeast NET E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
Michael BPALKA P/D at (954) 562 3770 Name of Contact Person Area Code & Daytime Telephone Number	
Name of Contact Person / Area Code & Daytime Telephone Number Johann A Walker 5085619955	
Enclosed is a \$35.00 check made payable to the Department of State.	
Mailing Addusers Street Addusers	

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
in order to change its registered office or registered agent, or both, in the State of Florida.
1. The name of the corporation: PEAZ INC
2. The principal office address: 511 SE 5" AVE Apt 2307 2307
FORT LAUDERDALE FL. 33301
3. The mailing address (if different):
4. Date of incorporation/qualification: $8/2/20/2$ Document number: $P/2 000067382$
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)
AMERICAN SAFETY COUNCIL
5125 ADANSON ST SUITE 500
ORLANDO FL 32804
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):
MICHAL B PALKA
511 5.E. 5" AVENUE Ap+ 2307 7
FORT LAUDERDALE FL 33301
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 an officer or director Michael B PALICA P/D 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 5 / 9 / 17 Date
If signing on behalf of an entity:
Typed or Printed Name
* * * FILING FEE: \$35.00 * * *

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314