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TO: Amendment Section Division of Corporations
SUBJECT: FINGSTOIN Global INC Name of Corporation
DOCUMENT NUMBER: P 12 0000 98036
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:
DONALD STEIN bing Name of Contact Person FINO STOIN Global INC Firm/Company
3223 SUMAC RN Address
FACC Brack CA 92028 City/State and Zip Code
Don DonAld STEINHING . Com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Don STEINGLIG at (949) 874 SO/6 Name of Contact Person 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 in order to change its registered office or registered agent, or both, in the State of Florida.
1. The name of the corporation: FINGSTGIN Glubal ZNC
2. The principal office address: 3223 SUMAL RD
FALLBROOK CA 92028
3. The mailing address (if different):
4. Date of incorporation/qualification: 11. 29-12 Document number: P12 0000 9803
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)
NATIONAL REGISTED AGENTS INCE
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6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):
REGISTERED AGENTS INC.
3030 N. Rocky Point Drive, STE 150A
P.O. Box NOT acceptable
Tampa, FL 33607
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.
Amel Ather Donain Steinbare
Signature of an officer of director ONACD STEIN DONG 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 Date
If signing on behalf of an entity:
Bill Havre/Assistant Secretary
Typed or Printed Name

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

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