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T. CARTER

## **COVER LETTER**

TO: Amendment Section Division of Corporations
SUBJECT: Prime Time 305 Corp.  Name of Corporation
DOCUMENT NUMBER:
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:
AVIahom. Diverol.  Name of Contact Person  PrimeTime305 corp  Firm/Company  5.46 Arthur 5-21-rey Rd  Address  Miam: Beach FL 33140  City/State and Zip Code  Obe 906 6 Yahoo. com  E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:  AV(aLon. Diverol; at 305, 726 - 7288  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
1. The name of the corporation: PineTime 305 COSP
2. The principal office address: 546 AC+LI Godfrey Kd Miami Beach F-L 33140
3. The mailing address (if different):
4. Date of incorporation/qualification: 01/01/13 Document number: P12-000899899
<ol><li>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)</li></ol>
Avrahan Diveroli
4101 Pinetree DC APT. 422 = 3
Miani Beach FL 33140
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):
546 ACTLUS GOVERNO SER
Migni Boach FL 33140  P.O. Box NOT acceptable
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.
Signardire of an efficer or director  AVIRAM Diveroli / DWner  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:
Typed or Printed Name

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR2F045 (03/12)

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