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(Re	questor's Name)			
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COVER LETTER

TO:	Amendment Section Division of Corporations	
SURI	FCT, Do It Your Own Way Inc	
Name	ECT: Do It Your Own Way Inc of Corporation	
DOCU	JMENT NUMBER: P13000006985	
The en	closed Statement of Change of Registere	ed Office/Agent and fee are submitted for filing.
Please	return all correspondence concerning thi	is matter to the following:
Sydney	z Brown	
Name (of Contact Person	 _
Do It Y	our Own Way Inc	
Firm/C	Company	
11551	NW 17 CT	
Addres	ss ,	
Plantat	ion FL 33323	
City/St	tate and Zip Code	
	doityourownwayinc@gmail	.com
E-mai	l address: (to be used for future annua	al report notification)
For fur	ther information concerning this matter,	please call:
Sydney	y Brown	or (954 \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
****	Name of Contact Person	at (954) 557 Area Code & Daytime Telephone Number
Enclos	ed is a \$35.00 check made payable to the	e Department of State.
	Mailing Address: Amendment Section	Street Address:
		Amendment Section
	Division of Corporations P.O. Box 6327	Division of Corporations
	Tallahassee, FL 32314	The Centre of Tallahassee 2415 N. Monroe Street, Suite 810
	rananassee, 11, 52514	Tallahassee, FL 32303

CR2E045 (04/13)

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

statement of cha	nge is submitted for a corporation	17.0502, 607.1508, or 617.1508, Florida Sto organized under the laws of the State of <u>Fk</u> registered agent, or both, in the State of Flo	orida	is	•
1. The name of t	he corporation: Do It Your Own W	ay Inc			
	·	lantation FL 33323			_
3. The mailing a	ddress (if different):				_
4. Date of incorporation/qualification: 01/18/2013 Document number: P13000006985					
5. The name and		tered agent and registered office on file with			
	Sydney Brown				
1880 NW 24 Terrace Fort Lauderdale		ale FL 33311	(.)	207	
			PER S	020 AUG 24	7(5
6. The name and (if changed):		ed agent (if changed) and /or registered offic	ISS&HV		
	Sydney Brown		EE.ST	AM 11: 01	C
	11551 NW 17 CT Plantation FL 33	323	TE A	05	
		P.O. Box. NOT acceptable			
The street addre	ss of its registered office and the be identical.	street address of the business office of its	registere	ed agen	ı.
Such change was authorized by th	s authorized by resolution duly a e board, or the corporation has be	dopted by its board of directors or by an of een notified in writing of the change.	fficer so		
		Sydney Brown			_
	e star officer or director	Printed or typed name and title	,		•
I further agree i of my duties, an document is bei	o comply with the provisions of a d I am familiar with and accept t	ent and agree to act in this capacity, all statutes relative to the proper and comp he obligation of my position as registered i we in the registered office address. I hereby hange.	lete perj agent. (confirm	forman Fr. if th that th	ce iis ie
		8/17/2020			
Sig	nature of Registered Agent	Date			•
If signing on be	half of an entity:				
Sydney Brown					
T	ped or Printed Name	•			

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