P130000023064

		-
(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
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NIG 5.1 JULE

TO: Amendment Section Division of Corporations				
SUBJECT: World Wide Wick Inc Name of Corporation				
DOCUMENT NUMBER: P13000023064				
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:				
Name of Contact Person				
Firm/Company				
2500 NW 79th AVE Suit 230 Address				
Doral JFL 33122 City/State and Zip Code				
City/State and Zip Code				
E-mail address: (to be used for future annual report notification)				
For further information concerning this matter, please call:				
Marie H. San per at (305) 267-8150 Name of Contact Pelson at (305) 267-8150 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 Street Address: Amendment Section Division of Corporations 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 FLO ReDE OF in order to change its registered office or registered agent, or both, in the State of Florida.	}
1. The name of the corporation: Worldwide Wick, Inc	
2. The principal office address: 2500 NW 79th Ave Str Suite 230	
Doral, FL 33122	
3. The mailing address (if different):	
4. Date of incorporation/qualification: 03-12-2013 Document number: P130000 2306	4.
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)	
Decio PoLak	
8009 NW 36th St Suite 213 55 5	S
Doral FL 33166	
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):	DATE OF A
Decio Folak "5	
2500 NW 79th St Suita 230 P.O Box NOT acceptable	無
P.O. Box NOT acceptable 33122	
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 OF C10 ACHCASL FOLPIL 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	
* * * FILING FEE: \$35.00 * * *	

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR2E045 (03/12)