

PI3000023230

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

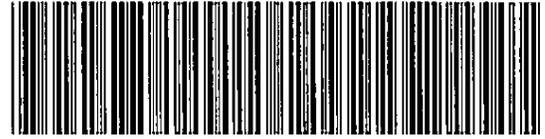
(Business Entity Name)

(Document Number)

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**FILED**  
2019 MAY 30 PM 3:09  
SECRETARY OF STATE  
TALLAHASSEE, FL

JUN 11 2019

C Kinsey

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** FORT PALMS INC  
Name of Corporation

**DOCUMENT NUMBER:** P13000023230

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:

DMITRY TROITSKIY  
Name of Contact Person

FORT PALMS INC  
Firm/Company

2200 S.Ocean Ln, #607  
Address

Fort Lauderdale, FL 33316  
City/State and Zip Code

7741120@gmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Dmitry Troitskiy at ( 954 ) 9030807  
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 Florida in order to change its registered office or registered agent, or both, in the State of Florida.

- 1. The name of the corporation: Fort Palms Inc
- 2. The principal office address: 2200 S.Ocean Ln, #607, Fort Lauderdale, FL 33316
- 3. The mailing address (if different): \_\_\_\_\_

4. Date of incorporation/qualification: 03/12/2013 Document number: P13000023230

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)

TROITSKIY, DMITRY  
2110 NORTH OCEAN BLVD.22A  
FT. LAUDERDALE, FL 33305

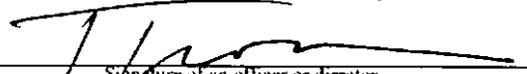
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

TROITSKIY, DMITRY  
2200 S. OCEAN LN, #607  
P.O. Box NOT acceptable  
FORT LAUDERDALE, FL 33316

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TALLAHASSEE, FL

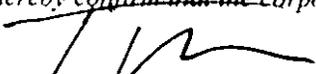
The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

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

TROITSKIY, DMITRY DP  
\_\_\_\_\_  
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

05/24/19  
\_\_\_\_\_  
Date

If signing on behalf of an entity:  
\_\_\_\_\_  
Typed or Printed Name

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