P13000039873

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SECRETARY OF STATE ALLAHASSE - TI OR ITAL

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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: PUNCHUINC.
2. The principal office address: 9 ISLAND AVE # 2207 MIAMI BPACH, F.
33139 3. The mailing address (if different):
4. Date of incorporation/qualification: <u>05/02/13</u> Document number: <u>P13 0000 39873</u>
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)
JOHN B. POGERS
5521 N. UNIVERSITY DEVE STEIDY
COKAL SPRINGS, T. 37067
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):
CRISTINA VERROCCHIO
335 N. E. 5300 St. #104-2 500 51
MANI, FL 33132
The street address of its registered office and the street address of the business of its registered agent, as changed will be identical.
Such change was authorized by resolution duly adopted by its board of directors are officer so authorized by the board, or the corporation has been notified in writing of the change.
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.
Custure Veucoelus O3/03/17 Signature of Registered Agent
If signing on behalf of an entity:
CLISTINA VELLOCOTI O 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 * * *

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