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5/21/15

COVER LETTER

TO: Amendment Section Division of Corporations
SUBJECT: Bottom INC Name of Corporation
DOCUMENT NUMBER: P1300041337
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 1
Address Address City/State and Zip Code E-mail address: (to be used for future annual report notification) Column Table (Column Table (Col
For further information concerning this matter, please call: (DW) 129-8290 Name of Contact Person at (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

Tailahassee, 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
in order to change its registered office or registered agent, or both, in the State of Florida.
1. The name of the corporation: Bottom up TNC
2. The principal office address: 626 N W Stt St
But Deach Ist. 33435
3. The mailing address (if different): V.O., Mot 5777
5. The maining address (in different).
1000 1000 1617
4. Date of incorporation/qualification: $\frac{1}{2} \frac{1}{2} \frac{1}$
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)
To mark Aux
12/38 NW THIN WONDING = 7
Corol Springs, FL. 3307
6. The name and street address of the new registered agent (if changed) and /or registered office of (if changed):
(if changed):
TOM MuseAux
1:01 No oth St
PO. Box NGT acceptable
Boydon Benett, FL. 33435
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.
× Highature of an officer or director To m VN u sea ux 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.
5-12-15
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

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