

A13000058261

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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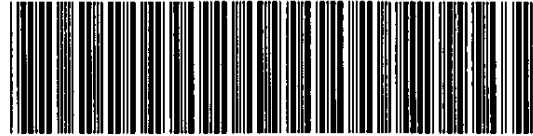
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FL 32304

rpChg
SEP 09 2016
R. WHITE

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: XYLEMARK GAMES CORP.
Name of Corporation

DOCUMENT NUMBER: P13000058261

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:

MARK RUDS
Name of Contact Person

XYLEMARK GAMES CORP
Firm/Company

3584 NW Lakeside Circle
Address

BOCA RATON Florida 33496
City/State and Zip Code

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

For further information concerning this matter, please call:

MARK RUDS at (516) 850 3641
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: XYLEMARK GAMES CORP.
2. The principal office address: 3584 NW LLebside Circle
BOCA RATON Florida 33496
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 7/10/13 Document number: P13000058261
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)

MARK RUDES
13302 Winding Oak Court A
TAMPA, FL 33612 US

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

MARK RUDES
3584 NW LLebside Circle
P.O. Box NOT acceptable
BOCA RATON, Florida 33496

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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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.

Mark Rudes
Signature of an officer or director

Mark Rudes President
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.

Mark Rudes
Signature of Registered Agent

8/22/16
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)

**Florida Department of State
Division of Corporations,
P.O. Box 6327
Tallahassee, FL 32314**