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SECRÉTARY OF STATE TALLAHASSEE, FLORIDA

DEC 22 2014 T. CARTER

## **COVER LETTER**

Division of Corporations
SUBJECT: Opposite Works Inc.  Name of Corporation
·
DOCUMENT NUMBER:
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:
Ross Medlin Name of Contact Person
Opposite Worlds Inc. Firm/Company
7202 54th Street N. Address
Pinellas Park FL 33781 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Ross Melli- at (704) 305-7705  Name of Contact Person Area Code & Daytime Telephone Number
Name of Contact Person Area Code & Daytime Telephone Number
Enclosed is a \$35.00 check made payable to the Department of State.
Mailing Address:Street Address:Amendment SectionAmendment SectionDivision of CorporationsDivision of Corporations

Clifton Building
2661 Executive Center Circle

Tallahassee, FL 32301

CR2E045 (03/12)

P.O. Box 6327

Tallahassee, FL 32314

TO:

Amendment Section

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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 Statu 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 Floria		
1. The name of the corporation: Opposite Works, INC.  2. The principal office address: 7202 542 Street W  Pinellus Park, FL 3378		
3. The mailing address (if different):		
4. Date of incorporation/qualification: Det 3, 2013 Document number: P/300	N800x	984
5. The name and street address of the current registered agent and registered office on file with th Florida Department of State: (If resigned, enter resigned)		
540 Garillon Parkway Apt #3109 5t. Petersburg, FL 33716	14	SE TAL
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):  7202 54 5 5 6	DEC 15 PM 3: 34	FILEO CRETARY OF STATE LAHASSEE, FLORIDA
The street address of its registered office and the street address of the business office of its registered as changed will be identical.	istered	agent,
Such change was authorized by resolution duly adopted by its board of directors or by an office authorized by the board, or the corporation has been notified in writing of the change.    Printed or typed name and title		<u>)                                    </u>
Signature of an officer or director  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 r agent. Or, if this document is being filed merely to reflect a change in the registered office ade hereby confirm that the corporation has been notified in writing of this change.	egister dress, I	ed
8 gnature of Registered Agent Date		··
If signing on behalf of an entity:		
Ress Mellin Typed or Printed Name		

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