

P13000097578

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

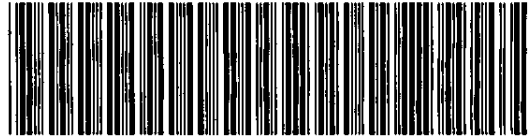
(Business Entity Name)

(Document Number)

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SECURITY  
TALLAHASSEE, FL

Ra office change

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** 777 Processing Inc  
Name of Corporation

**DOCUMENT NUMBER:** P13000097578

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:

Rizza Bernales  
Name of Contact Person

777 Processing Inc  
Firm/Company

845 N Garland Avenue Suite 200C  
Address

Orlando FL 32801  
City/State and Zip Code

777processing@gmail.com  
E-mail address: (to be used for future annual report notification)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

Rizza Bernales at (301) 820-0511  
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

**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 FL in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: 777 Processing Inc

2. The principal office address: 845 N Garland Avenue Suite 200C Orlando FL 32801

3. The mailing address (if different): \_\_\_\_\_

4. Date of incorporation/qualification: 12/06/2013 Document number: P13000097578

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)

Rizza Bernales

845 N Garland Avenue Suite 200C

Orlando FL 32801

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

Rizza Bernales

2840 Boat Cove Circle

P.O. Box NOT acceptable

Kissimmee FL 34746

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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.

  
Signature of an officer or director

Rizza Bernales  
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

10/20/2014  
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