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SECRETARY OF STATE

T. LEMIEUX

M

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

| 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: 226 TASMINE, INC. | |
| 2. The principal office address: 9 ISLAND AVE # 2207 | |
| MIAMI BEACH, FL 33139 | |
| 3. The mailing address (if different): | |
| 4. Date of incorporation/qualification: 12/23/13 Document number: P13000/01/75 | |
| 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) | |
| TOHN B. ROGERS, P.A. | |
| 5521 MUNUORSHY DRIVE STE 104 | |
| CORAL SCRIPTIS FL 3706 FE | |
| 6. The name and street address of the new registered agent (if changed) and /or registered office (if changed): | |
| CRISTINA VERROCCHIO | |
| 335 N.E. 53 ^{PO} St. #104-2 3 3 3 3 N.E. 53 ^{PO} P.O. Box NOT acceptable | |
| P.O. Box NOT acceptable Mi Ami, FL 33132 | |
| • | |
| 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 efficiency of director VA LENTINA BOTTALIN 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. | |
| Custure Signature of Registered Agent O3 03 17 | |
| If signing on behalf of an entity: | |
| CEISTNYA VERFORMS 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 * * *