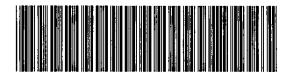
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(Re	equestor's Name)	
(Ad	dress)	
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(Ci	ty/State/Zip/Phone	2 to
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MAR 0 5 2015 T. CARTER

COVER LETTER

	dment Section on of Corporations	Change of	Address of Agan	t
SUBJECT:	The Best Water	funt Realty me of Corporation	,Inc.	
DOCUMENT	NUMBER: P140 00	00 7393		
The enclosed S	Statement of Change of Register	ed Office/Agent and fee	are submitted for filing.	
Please return a	all correspondence concerning th	is matter to the following	; :	
	, van	e of Contact Person	2/ 0	
	The Best W	terfront Reat	ty, Inc.	
	P.O., Box	601133 Address		
	North Miami &	each, FL 33 State and Zip Code	.160	
	agent ben Øx E-mail address: (to be us	17 @ gmail.	iom	
	E-mail address: (to be us	ed for future annual rep	ort notification)	
	Cormation concerning this matter	please call:		
Ben G	Name of Contact Person	at (561	979 - 9955	
	Name of Contact Person	Area Code	929 - 9955 & Daytime Telephone Number	_
Enclosed is a \$	\$35.00 check made payable to th	e Department of State.		
	Mailing Address: Amendment Section Division of Corporate	Amen	Address: dment Section on of Corporations	

Clifton Building

Tallahassee, FL 32301

2661 Executive Center Circle

CR2E045 (03/12)

P.O. Box 6327

Tallahassee, FL 32314

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: The Best Water front Realty Inc.		
2. The principal office address: 1820 NE 163 of St. Suite 308		
North Miami Bearly, FL 33162		
3. The mailing address (if different): Po. Box 601133		
North Miami Beach, FL 33160		
4. Date of incorporation/qualification: 1/23/14 Document number: P140 0000 7393		
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)		
Ben Gfordano		
17100 Collins Avenue, #217 5 75		
Sunny Isles Beach, FL 33160 \$ 28		
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):		
Ben Giordane : 25		
1820 NE 1631d Street, Swite 308 = P.O. BOX NOT acceptable		
North Mianie Beach, FL 33162		
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 of director REN GloRDANO, 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.		
For Gride 2/25/15 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 * * *