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(Business Entity Name)
(Business Link, Marie)
(Document Number)
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R. WHITE

COVER LETTER

TO:

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Amendment Section Division of Corporations

SUBJECT: STRIPE CORPORATION

Name of Corporation

DOCUMENT NUMBER:

214000008035

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:

Robert Zebrowski

Name of Contact Person

Stripe Corporation

Firm/Company

3061 NW 107TH AVE

Address

Doral, FL 33172

City/State and Zip Code

stripecorporation@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Robert Zebrowski

, 561 6321302

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

statement of char	rovisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this age is submitted for a corporation organized under the laws of the State of Florida to change its registered office or registered agent, or both, in the State of Florida.
1. The name of the	ne corporation: Stripe Corporation
2. The principal of	office address: 3061 NW 107TH AVE, Doral, FL 33172
3. The mailing ac	Idress (if different):
4. Date of incorp	oration/qualification: 1/27/14 Document number: P1400008035
5. The name and	street address of the current registered agent and registered office on file with the ment of State: (If resigned, enter resigned)
	Robert Zebrowski
	5200 N Ocean Drive 1405
	Riviera Beach, FL 33404
6. The name and (if changed):	street address of the new registered agent (if changed) and /or registered office
	REGISTERED AGENTS INC.
	3030 N. Rocky Point Drive, STE 150A
	P.O. Box NOT acceptable Tampa, FL 33607
The street addre	ss of its registered office and the street address of the business office of its registered agent, be identical.
Such change wa authorized by th	s authorized by resolution duly adopted by its board of directors or by an officer so e board, or the corporation has been notified in writing of the change.
. //	Robert Zebrowski, President Printed or typed name and title
I hereby accept I further agree to performance of agent. Or, if this hereby confirm Sig	the appointment as registered agent and agree to act in this capacity. o comply with the provisions of all statutes relative to the proper and complete my duties, and I am familiar with and accept the obligation of my position as registered s document is being filed merely to reflect a change in the registered office address, I that the corporation has been notified in writing of this change.
If signing on be	half of an entity:
Bill Havre	/Assistant Secretary
Т	yped or Printed Name

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR2E045 (03/12)

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