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| Special Instructions to | Filing Officer: | | | |
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COVER LETTER

| Division of Corporations | | | | |
|--|--|--|--|--|
| | | | | |
| SUBJECT: Patricia Comez, PA Name of Corporation | | | | |
| | | | | |
| DOCUMENT NUMBER: <u>014000024888</u> | | | | |
| 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: | | | | |
| | | | | |
| Patricia 60mez | | | | |
| Patricia 60 mez Name of Contact Person | | | | |
| PTS RE2114 | | | | |
| PTS RE2114 Firm/Company | | | | |
| 1925 main Sheet Sinte 211 | | | | |
| 1725 main Street Soite 211 Address | | | | |
| () -1 Taylo | | | | |
| City/State and Zip Code | | | | |
| | | | | |
| Petrologomez approximation. E-mail address: (to be used for future annual report notification) | | | | |
| E-man address. (to be used for future annual report notification) | | | | |
| For Contract Connection and the state of the | | | | |
| For further information concerning this matter, please call: | | | | |
| Patrice gome 2 at (954) 2121291 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. | | | | |
| Enclosed is a \$55.00 officer made payable to the Bepartment of State. | | | | |
| Mailing Address: Street Address: | | | | |
| Amendment Section Amendment Section | | | | |
| Division of Corporations Division of Corporations | | | | |
| P.O. Box 6327 Clifton Building Tallahassec, FL 32314 2661 Executive Center Circle | | | | |

Tallahassee, FL 32301

TO:

Amendment Section

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

| | | registered agent, or both, in the Sta | are by 1 to run. |
|---|---|---|--|
| | the corporation: Patricia Go | | - 2 100 - 100 Fr 2222 |
| 2. The principa | al office address: 1665 Exec | WHIVE PAIR DAVE SUH | E J. (DES-01) + (.3333) |
| 3. The mailing | address (if different): | | |
| 4. Date of inco | rporation/qualification: 3/18/1 | Document number: | 14000024888 |
| | nd street address of the current regis artment of State: (If resigned, enter | stered agent and registered office on resigned) | file with the |
| | Corporation Service | = Company | |
| | 1201 Aays Sheet | , tollohossee, fl 323 | 301 TS 5 |
| 6. The name an (if changed): | nd street address of the new register | ed agent (if changed) and /or registe | COST PS Street |
| | Patricia Gomez | | |
| | 2665 Executive Par | M Drive Suite 2 BOX NOT acceptable | <u>*</u> • • • • • • • • • • • • • • • • • • • |
| | Weston Florda, | 33331 | |
| The street addras changed wil | ress of its registered office and the l be identical. | street address of the business offic | ce of its registered agent, |
| Such change wanthorized by | vas authorized by resolution duly a the board, or the corporation has be | dopted by its board of directors or een notified in writing of the chang | by an officer so ge. |
| Signat | ure of an officer or director | Printed or typed nam | e and title |
| I hereby accep I further agree performance o agent. Or, if the hereby confirm | t the appointment as registered ag to comply with the provisions of a f my duties, and I am familiar with his document is being filed merely That he corporation has been not | ent and agree to act in this capacit all statutes relative to the proper ar and accept the obligation of my po to reflect a change in the registere tified in writing of this change. | ty, id complete osition as registered d office address, I |
| | Toll - | 1/23/15 | |
| • | gnature of Registered Agent | Date | |
| II signing on be | chalf of an entity: | | |
| | Typed or Printed Name | | |
| , | * * * FILIN | NG FEE: \$35.00 * * * | |

Make Checks payable to Florida Department of State
Mail to: Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314
CR2E045 (03/12)