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COVER LETTER

TO: Amendment Section Division of Corporations
SUBJECT: FLAPR Inc
Name of Corporation
DOCUMENT NUMBER: P14000053786
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:
Ina Mills
Name of Contact Person
Florida Premiere Realty
Firm/Company
435 Meadow Lark Lane
Address
Palm Harbor, FL 34683
City/State and Zip Code
floridapremiererealty@gmail.com
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Ina Mills 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.
Mailing Address: Street Address:
Amendment Section Amendment Section Division of Compositions Division of Compositions
Division of Corporations Division of Corporations P.O. Box 6327 Clifton Building
Tallahassee, FL 32314 2661 Executive Center Circle

Tallahassee, Fl. 32301

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

statement of change	wisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this e is submitted for a corporation organized under the laws of the State of Florida ochange its registered office or registered agent, or both, in the State of Florida.
1. The name of the	corporation: FLAPR Inc
2. The principal off Clearwater,	fice address: 28870 U.S. Highway 19 N., Ste. 303
3. The mailing addr	ress (if different): 435 Meadow Lark Lane
4. Date of incorpora	ation/qualification: 06/20/2014 Document number: P1400053786
5. The name and str	reet address of the current registered agent and registered office on file with the ent of State: (If resigned, enter resigned)
<u>N</u>	ICATEE, CAROL, CPA
<u>5</u> -	401 CENTRAL AVE
S	T PETERSBURG, FL 33710
6. The name and street address of the new registered agent (if changed) and /or registered office. (if changed): Ina Mills	
<u>Ir</u>	
4	35 Meadow Lark Lane پي چيځ يې
Р	PO Box NOT acceptable 2 Salm Harbor, FL 34683
The street address as changed will be	of its registered office and the street address of the business office of its registered agent.
-	President Printed or typed name and title
I hereby accept the I further agree to c performance of my agent. Or, if this a hereby confirm the	e appointment as registered agent and agree to act in this capacity. comply with the provisions of all statutes relative to the proper and complete wat duies, and I am familiar with and accept the obligation of my position as registered document is being filed merely to reflect a change in the registered office address, I at the corporation has been notified in writing of this change.
Signatu	Mils ire of Registered Agent Date
If signing on behal	If of an entity:
Typec	Mils for FLAPR, Inc.
	* * * FILING FEE: \$35.00 * * *

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