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Certified Copies	Certificates	s of Status
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Special Instructions to	Filing Officer:	
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SECRETARY OF STATE ALLAHASSEE, FLORIDA

المناهدة كالمتالاة



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

statement of ch	provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this ange is submitted for a corporation organized under the laws of the State of FLORIDA er to change its registered office or registered agent, or both, in the State of Florida.
	the corporation: Aristocrat Home Rentals
2. The principa	office address: 200 SE 6 Street Suite 603 Fort Lauderdale Fl 33301
3. The mailing	address (if different):
4. Date of incom	poration/qualification: 6/25/14 Document number: P14000059978
	d street address of the current registered agent and registered office on file with the urtment of State: (If resigned, enter resigned)
	Marco Filippini Marco Filippini
	200 SE 6 Street Suite 100 Fort Lauderdale FI 33301
6. The name an (if changed):	d street address of the new registered agent (if changed) and /or registered office Mircho Murdjeff
1	200 SE 6 Street Suite 603 Fort Lauderdale FI 33301 P.O. Box NOT acceptable P.O. Box NOT acceptable P.O. Box NOT acceptable
The street addr as changed wil	ess of its registered office and the street address of the business office of its registered agent,
Such change wauthorized by t	as authorized by resolution duly adopted by its board of directors or by an officer so he board, or the corporation has been notified in writing of the change.
-	Mir cho Mundjeft Printed or typed name and title Jeft
I hereby accept I further agree performance of agent. Or, if th hereby confirm	t the appointment as registered agent and agree to act in this capacity. to comply with the provisions of all statutes relative to the proper and complete f my duties, and I am familiar with and accept the obligation of my position as registered his 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.
74. 74. st	gnature of Registered Agent Date
	chalf of an entity:
	'vned 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 * * *

COVER LETTER

TO: Amendment Section Division of Corporations

SURDICT: Aristocrat Home Rentals

Name of Corporation

DOCUMENT NUMBER: P14

P14000059978

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:

Mircho Murdjeff

Name of Contact Person

Aristocrat Home Rentals

Firm/Company

200 SE 6 Street Suite 603

Address

Fort Lauderdale FI 33301

City/State and Zip Code

aristocrathomerentals@yahoo.com

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

For further information concerning this matter, please call:

Mircho Murdjeff

9548019970

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