

P14000075607

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

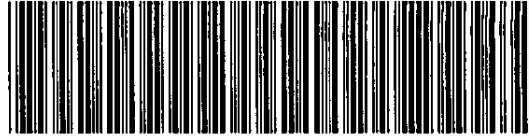
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FL 32399

*Ra office change*

AUG 03 2016

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**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Axis Vapor, INC

Name of Corporation

**DOCUMENT NUMBER:** P14000075607

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:

Drew Chase

Name of Contact Person

Axis Vapor

Firm/Company

11018 Old St. Augustine Rd. Ste 133

Address

Jacksonville, FL. 32257

City/State and Zip Code

Drew@AxisVapor.com

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

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TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

Drew Chase

Name of Contact Person

at ( 904 ) 330-0250

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**

*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: Axis Vapor, INC
2. The principal office address: 11018 Old St. Augustine Rd. Ste# 133  
Jacksonville, FL. 32257
3. The mailing address (if different): \_\_\_\_\_
4. Date of incorporation/qualification: 09/12/14 Document number: P14000075607
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)

Chase, Drew

5427 Spring Ridge Ct.

Jacksonville, FL 32258

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

Drew Chase

11018 Old St. Augustine Rd. Ste# 133

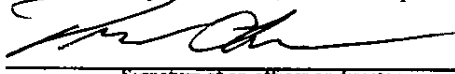
P.O. Box NOT acceptable

Jacksonville, FL. 32257

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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 or director

Drew Chase / Owner

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.*



Signature of Registered Agent

07/21/16

Date

If signing on behalf of an entity:

\_\_\_\_\_  
Typed or Printed Name

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