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DZI JAN 25 AM 8: 17 SECRETARY OF STATE

COVER LETTER

TO:

Amendment Section Division of Corporations

Name of Corporation DOCUMENT NUMBER: P14000076358 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 W. Ross Name of Contact Person Cygaus Apparitions. Inc. Firm/Company 881 Spanish Cay Drive Address Merritt Island, FL 32952 City/State and Zip Code bross@cygnusapp.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Robert W. Ross Name of Contact Person at (678 910-2759 Area Code & Daytime Telephone Number) Enclosed is a \$35.00 check made payable to the Department of State.			
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	Name of Contact Person	Area Code & Daytime Telephone Number	
Mailing Address: Street Address:	Enclosed is a \$35.00 check made payable to the Depa	artment of State.	
	Mailing Address: Amendment Section	Amendment Section	
	• • • • • • • • • • • • • • • • • • •	Division of Corporations The Centre of Tallahassee	
Tallahassee, FL 32314 2415 N. Monroe Street, Suite 810			

Tallahassee, FL 32303

CR2E045 (04/13)

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

statement of cha	provisions of sections 607.0302, 617.0302, 607.13 age is submitted for a corporation organized unde to change its registered office or registered agen	er the laws of the State of Florida
1. The name of t	he corporation: Cygnus Apparitions, Inc.	
2. The principal	001 Canadah Can Daina Massitt Is	sland, FL 32952
3. The mailing a	ddress (if different):	
4. Date of incorp	oration/qualification: 09/10/2014 Do	cument number:P14000076358
	street address of the current registered agent and tment of State: (If resigned, enter resigned)	registered office on file with the
	311 Little Miss Muffett Lane	
	Key Largo, FL 33037	
6. The name and (if changed):	street address of the new registered agent (if char 881 Spanish Cay Drive	SECRETABY OF STATE SEEF, F
	Merritt Island, FL 32952	AIE FL
	P.O. Box NOT accep	nable
The street addre as changed will	ss of its registered office and the street address obeidentical.	of the business office of its registered agent.
Such change wa authorized by th	s authorized by resolution duly adopted by its bo board, or the corporation has been notified in v	oard of directors or by an officer so writing of the change.
16 Columbar	\	W. Ross
I hereby accept I further agree t of my duties, and document is bein	the appointment as registered agent and agree to comply with the provisions of all statutes related 1 am familiar with and accept the obligation of the filed merely to reflect a change in the register here.	ive to the proper and complete performance
Voluta	01/19/2	2021
If signing on bel	ature of Registered Agent nalf of an entity:	Date
Ту	ped or Printed Name	

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

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