## P14000078533

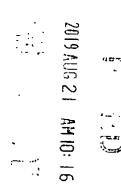
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:





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08/21/13-01007-000 \*\*35.60



R. WHITE AUG 2 9 2019



CSC - WILMINGTON
251 Little Falls Drive
Wilmington De 19808

800-927-9800 302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Logan Hall logan.hall@cscglobal.com

Date: August 19, 2019

Order#: 889309/005

Re: RELU CO.

Enclosed please find:

XX \_\_\_ Change of Registered Agent and Office.

XX Check in the amount of \$35 .

Please take the following action:

XX File in your office on a routine basis.

XX Issue Proof of Filing.

XX Return Regular Mail in the enclosed envelope.

Attn:Logan Hall
c/o Corporation Service Company

251 Little Falls Drive Wilmington, DE 19808

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

INCA.XCOA

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

statement of change is si	ns of sections 607.0302, 617.03 ibmitted for a corporation orga ige its registered office or regis	nized under the la	ws of the State of	FL	15
1. The name of the corpo					<del></del> -
2. The principal office at	301033				
3. The mailing address (	if different):				<del></del>
4. Date of incorporation/qualification: 09/23/2014 Document number: P1400007					
	ddress of the current registered f State: (If resigned, enter resign		ed office on file v	with the	
RECIN	OS, EDISON A			_	
7827 N	W 15th Street			_	201
Miami		FL	33126	·	2019 1605 21
(if changed):	ddress of the new registered ago	ent (if changed) and	d /or registered o	ffice	21 841
<u>i</u>					e. -
1201 F	lays Street P.O. Box. NO	T accomplished		- :	: o
Tallaha		·	32301	_	
/ \	registered office and the street tical. rized by resolution duly adopte or the corporation has been no		lirectors or by an of the change.		d agent,
Signature of an off	icer or director		ed or typed name and to	itie	
I further agrée to comp performance of my dutic agent. Or, if this docun	ointment as registered agent ar ly with the provisions of all states, and I am familiar with and to seen is being filed merely to ref corporation has been notified ice Company	tutes relative to th accept the obligat lect a change in th	ie proper and coi ion of my positio he registered offi	n as registe	red I
			19/2019		
Signature of R	egistered Agent		Date		<del>_</del>
If signing on behalf of a	·				
GRACE E. KIRBY, ASS					
.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	* * * FILING FI	EE: \$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)