P140000 80001

| (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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Office Use Only



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SECRETARY OF STATE

JUL 1 1 2016
C. CARROTHERS

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

| statement of cha | nge is submitted for a corporation organ | 12, 607.1508, or 617.1508, Florida Statuto nized under the laws of the State of Florida ered agent, or both, in the State of Florida | a |
|--|--|--|---------------|
| | the corporation: Foxx Advanced S | | |
| The name or The principal | office address: 7801 Coral Way S | Ste 125, Miami, FI 33155 | |
| z. The principal | office address. | | |
| 3. The mailing a | ddress (if different): | | |
| 4. Date of incorp | poration/qualification: 09/26/2014 | Document number: P1400008 | 0001 |
| 5. The name and | | ngent and registered office on file with the ed) | ; |
| | Corporate Creations Networ | rk, Inc. | |
| | 11380 Prosperity Farms Ro | ad #221e | 7 2 |
| | Palm Beach Gardens, Fl 33 | 410 | 2002ED |
| 6. The name and (if changed): | i street address of the new registered age | nt (if changed) and /or registered office | -6 -582 |
| | Freddy Reyes | | AH 5: |
| | (100 원 시민 (100 원 | | |
| | P.O. Box NOT Miami, Fl 33155 | acceptable | |
| The street address changed will | ess of its registered office and the street be identical. | address of the business office of its regis | stered agent, |
| Such change was authorized by th | is authorized by resolution duly adopted the board, or the corporation has been no | l by its board of directors or by an office tified in writing of the change. | er so |
| Sud | of Kly | Freddy Reyes | |
| I hereby accept I further agree performance of | mv duties, and I am familiar with and a | 71 " | egistered |
| | de la | 06/29/2016 | |
| · · | half of an entity: | Date | |
| | yped or Printed Name | | |

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

COVER LETTER

TO: Amendment Section

Division of Corporations

SUBJECT: Foxx Advanced Security Team, Inc.

Name of Corporation

DOCUMENT NUMBER, P14000080001

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:

Freddy Reyes

Name of Contact Person

Foxx Advanced Security Team, Inc.

Firm/Company

7801 Coral Way Ste 125

Address

Miami, FI 33155

City/State and Zip Code

foxxadvanced@gmail.com

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

For further information concerning this matter, please call:

Freddy Reyes

,,305 、4

417-1140

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