

P14000089483

Florida Department of State  
Division of Corporations  
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To: Division of Corporations  
Fax Number : (850) 617-6380

From: Account Name : C T CORPORATION SYSTEM  
Account Number : FCA000000023  
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Email Address: \_\_\_\_\_

REGISTERED AGENT CHANGE  
4GIFTERS INC.

Certificate of Status	0
Certified Copy	0
Page Count	03
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DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

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## COVER LETTER

TO: Amendment Section  
Division of Corporations

SUBJECT: 4GIFTERS INC.

\_\_\_\_\_  
Name of Corporation

DOCUMENT NUMBER: P14000089483

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:

CAMILLA COCUZZA

\_\_\_\_\_  
Name of Contact Person

SEYFARTH SHAW LLP

\_\_\_\_\_  
Firm/Company

620 EIGHTH AVENUE, 33rd FL

\_\_\_\_\_  
Address

NEW YORK, NY 10018

\_\_\_\_\_  
City/State and Zip Code

ccocuzz2@seyfarth.com

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

For further information concerning this matter, please call:

CAMILLA COCUZZA

\_\_\_\_\_  
Name of Contact Person

at ( 212 ) 218 - 3318

\_\_\_\_\_  
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 \_\_\_\_\_ in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: 4GIFTERS INC.
2. The principal office address: C/O CILIO & PARTNERS P.C., 405 PARK AVE SUITE 802, NEW YORK, NY 10022
3. The mailing address (if different): \_\_\_\_\_

4. Date of incorporation/qualification: 10/31/2014 Document number: P14000089483

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)

KANTOR, PALMETTO & ASSOCIATES, PL

1000 NW 65TH STREET SUITE 201

FORT LAUDERDALE, FL 33309

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

C T Corporation System

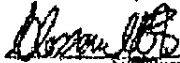
c/o C T Corporation System, 1200 South Pine Island Road

P.O. Box NOT acceptable

Plantation, Florida 33324

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

ALESSANDRA BRUNO DIRECTOR

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.

C T Corporation System

By: Rebecca Barth

Signature of Registered Agent

01/29/2016

Date

If signing on behalf of an entity:

Rebecca Barth, Assistant Secretary

Typed or Printed Name

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

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

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