

P14000099072

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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MAIL

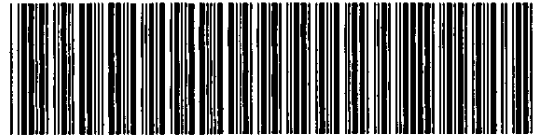
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
2017 MAR 20 PM 3:39

V HERRING
MAR 22 2017

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: PATHOS REALTY, CORP.
Name of Corporation

DOCUMENT NUMBER: P14000099072

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:

JOHN SENIS

Name of Contact Person

PATHOS REALTY, CORP.

Firm/Company

1960 MARSEILLE DRIVE, APT #301

Address

MIAMI BEACH, FL 33141

City/State and Zip Code

PATHOSREALTY@GMAIL.COM

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

For further information concerning this matter, please call:

JOHN SENIS

Name of Contact Person

at (**786**) **763-9764**

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: PATHOS REALTY, CORP.
2. The principal office address: 1960 MARSEILLE DRIVE, APT #301, MIAMI BEACH, FL 33141
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 12/10/2014 Document number: P14000099072
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)

JOHN SENIS

1960 MARSEILLE DRIVE, APT #301

MIAMI BEACH, FL 33141

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

JOHN SENIS

5601 COLLINS AVENUE, SUITE #512A

P.O. Box NOT acceptable

MIAMI BEACH, FL 33140

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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]
Signature of an officer or director

JOHN SENIS/PRESIDENT

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]
Signature of Registered Agent

03/31/2017

Date

[Signature]
If signing on behalf of an entity:

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
CR2E045 (03/12)