P1500000068

| (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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COVER LETTER

TO: Amendment Section **Division of Corporations**

RELENTLESS MARKETING, INC.

DOCUMENT NUMBER: P1 5000000681

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:

Samantha Jackson

Name of Contact Person

Meriam Corporate Services, Inc.

Firm/Company

PO Box 52588

Address Service Strassing Services Serv

Mesa AZ 85208

City/State and Zip Code Control Contro

meriamfinancial@gmail.com

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

For further information concerning this matter, please call:

Samantha Jackson

Name of Contact Person

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

Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Tallahassee, FL 32301

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

| statement of cha | nge is submitted for a corporation orga | 02, 607.1508, or 617.1508, Florida Statuniced under the laws of the State of $_{ m Flo}$ tered agent, or both, in the State of Florice | orida | |
|---|--|---|----------------------------|--|
| | the corporation: RELENTLESS M. | | | |
| 2. The principal | office address: 10300 SW SUNS | ET DR STE 315 MIAMI, FL 33 | 3173 | |
| | | | | |
| 3. The mailing a | address (if different): | | | |
| 4. Date of incorp | poration/qualification: 01/05/2015 | Document number: P1500000 | 00681 | |
| | I street address of the current registered attended of State: (If resigned, enter resign | agent and registered office on file with the | ie | |
| | Angel Maldonado | | | |
| | 10300 SW SUNSET DR STE | ∃ 315 | 15 ≥ SE | |
| | MIAMI, FL 33173 | | AUG | |
| 6. The name and (if changed): | street address of the new registered age | ent (if changed) and /or registered office | ASSESTI | |
| | Angel Maldonado | | S [A] 3 ORI 2: 0 | |
| 2669 Forest Hill Blvd Ste 205 | | | | |
| P.O. Box NOT acceptable West Palm Beach, FL 33406 | | | | |
| The street addre | | | | |
| - | | address of the business office of its regi | | |
| Such change wa authorized by th | s authorized by resolution duly adopted e board, or the corporation has been no | I by its board of directors or by an office tified in writing of the change. | er so | |
| Aran | | Angel Maldonado, Presiden | <u>t</u> _ | |
| I hereby accept I further agree t performance of agent, Or, if thi | e of an officer or director the appointment as registered agent an o comply with the provisions of all stat my duties, and I am familiar with and a s document is being filed merely to refl that the corporation has been notified in | Printed or typed name and title d agree to act in this capacity, utes relative to the proper and complete accept the obligation of my position as re ect a change in the registered office add n writing of this change. | , egistered dress, I | |
| Angul M | Glando | 08/06/2015 | _ | |
| 0 | ature of Registered Agent | Date | | |
| If signing on bel | nalf of an entity: | | | |
| 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 CR2E045 (03/12)

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