P15000000990

(Requestor's Name)					
(Address)					
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(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
(Document Number)					
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Aug 1.4 2015

CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301

Phone: 850-558-1500

ACCOUNT	NO.	:	120000000195
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REFERENCE: 715560 8026401 HORIZATION: Sprell de man AUTHORIZATION

COST LIMIT : \$ 35.00

ORDER DATE : July 20, 2015

ORDER TIME : 5:23 PM

ORDER NO. : 715560-005

CUSTOMER NO: 8026401

CHANGE OF AGENT

NAME: NATHALIE EVELYNE APOLLON, PA

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

_ CERTIFIED COPY XX PLAIN STAMPED COPY

CONTACT PERSON: Courtney Williams -- EXT# 62935

EXAMINER: ____

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

	•	17.0502, 607.1508, or 617.1508, Flori organized under the laws of the State	·			
in orde	er to change its registered office or	registered agent, or both, in the State	of Florida.			
1. The name of	the corporation: NATHALIE EVELY	(NE APOLLON, PA				
2. The principal	office address: 11568 SW 235 ST	REET, HOMESTEAD, FL 33032				
3. The mailing a	address (if different):					
4. Date of incor	poration/qualification: 1-5-2015	Document number: P1500	00000990			
	d street address of the current regist rtment of State: (If resigned, enter r	ered agent and registered office on file esigned)	e with the			
	Corporation Service Company					
	1201 Hays Street					
	Tailahassee	FL 32301				
6. The name and (if changed):	d street address of the new registere	d agent (if changed) and /or registered	office			
	NATHALIE E. APOLLON					
	11568 SW 235 St					
	P.O. Bo	ox NOT acceptable FL 33032				
						
The street address changed will	ess of its registered office and the some identical.	street address of the business office o	f its registered agent,			
Such change was authorized to the	as authorized by resolution duly ad board, or the corporation has be	opted by its board of directors or by en notified in writing of the change.	an officer so			
	ife blash officer or director	Nathalie Apollon	PRESIDENT			
I hereby accept I further agree performance of agent. Or, if the hereby confirm-	The appointment as registered age to comply with the provisions of al my duties, and I am familiar with	Printed or typed name and ont and agree to act in this capacity. I statutes relative to the proper and cand accept the obligation of my posity oreflect a change in the registered of the proper and can be reflected of the registered of the change.	omplete G			
By:	nature of Registered Agent	8/10/15 Daile	- ED			
If signing on be	half of an entity:		-			
Nathal	yped or Printed Name Jollon		, 11 -			
* * * FILING FEE: \$35.00 * * *						

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE