## PISMONSAGA

| (Rec                      | questor's Name)   |             |
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| PICK-UP                   | ☐ WAIT            | MAIL        |
| (Bus                      | siness Entity Nar | ne)         |
| (Doc                      | cument Number)    |             |
| Certified Copies          | _ Certificate:    | s of Status |
| Special Instructions to F | Filing Officer:   | -           |
|                           |                   |             |
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R. WHITE

17 NOV 27 AM 10: 1

## **COVER LETTER**

| TO: Amendment Section Division of Corporations                           |                                       |  |
|--|---------------------------------------|--|
| SUBJECT: Centurline I tre.  Name of Corporation                          |                                       |  |
| DOCUMENT NUMBER: \$15000013407   |                                       |  |
| The enclosed Statement of Change of Registered Office/Agent and fe       | e are submitted for filing.           |  |
| Please return all correspondence concerning this matter to the following | ng:                                   |  |
| Erc Boxw<br>Name of Contact Person                                       |                                       |  |
| Taput Firm/Company   | S                                     |  |
| 5770 Praction I  Address  (ity/State and Zip Code                        | industrial Blue Suit (0)              |  |
| (City/State and Zip Code   | 2007/                                 |  |
| E-mail address: (to be used for future annual r                          | eport notification)                   |  |
| For further information concerning this matter, please call:             |                                       |  |
| Name of Contact Person at (47) Area Co                                   | de & Daytime Telephone Number         |  |
| Enclosed is a \$35.00 check made payable to the Department of State.     |                                       |  |
| Amendment Section Ame  | et Address:<br>endment Section        |  |
|  | ision of Corporations<br>ton Building |  |
|  | 2661 Executive Center Circle          |  |

Tallahassee, FL 32301

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

| 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: (1044 \ 1044 |
| 1. The name of the corporation: (entr / 1/2 I IVC.  2. The principal office address: 5770 Prachtine Industrial Blad Sunt 101  Lawress 64 30071  |
| 3. The mailing address (if different):  SAWE AS ABOVE   |
| 4. Date of incorporation/qualification: 02/11/15 Document number: 015000/340Z   |
| 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)  |
| 13202 Windon, Oak Court A Tarran FL 336(2   |
| 6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):  Lynce Boxer  The name and street address of the new registered agent (if changed) and /or registered office (if changed):  PO Box NOF acceptable  The population of the new registered agent (if changed) and /or registered office (if changed):  April 100 Box NOF acceptable (if changed) and /or registered office (if changed):  April 100 Box NOF acceptable (if changed) and /or registered office (if changed):  |
| 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.    Finite of an officer or director   Frinted or typed name and title   |
| If signing on behalf of an entity:  Typed or Printed Name   |

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

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