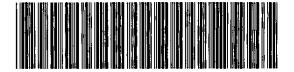


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R. WHITE

COVER LETTER

TO: Amendment Section Division of Corporations

SUBJECT: Mate Granic, PA

Name of Corporation

DOCUMENT NUMBER: P15000017/35

(.1/00001/1//

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:

Mate Granic

Name of Contact Person

Mate Granic, PA

Firm/Company

9501 SW 25th Drive

Address

Miami, FL 33165

City/State and Zip Code

matemiami@gmail.com

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

For further information concerning this matter, please call:

Mate Granic

_,305

924-3393

Name of Contact Person

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
Tallahassec, 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

statement of ch	unge is submitted for a corporation	617.0502, 607.1508, or 617.1508, Florida S. on organized under the laws of the State of <u>F</u> or registered agent, or both, in th <mark>e State</mark> of Fl	lorida	
1. The name of	the corporation: Mate Granic	c, PA		
2. The principa	office address: 9501 SW 25	oth Drive, Miami,FL 33165		
			, "(PL)	
3. The mailing	address (if different):			_
4. Date of incom	poration/qualification: 02/23/	2015 Document number: P1500	0017735	
	d street address of the current reg rtment of State: (If resigned, ente	gistered agent and registered office on file with resigned)	th the	
	Corporation Service C	Company		
	1201 Hays Street		IAI SI SI	
	Tallahassee, FL 3230	1	ECRITY FC AHA	***
6. The name an (if changed):	d street address of the new regist	ered agent (if changed) and /or registered off		- - -
	Mate Granic			
	9501 SW 25th Drive		0	
	Miami, FL 33165). Box NOT acceptable		
	ress of its registered office and the identical.	he street address of the business office of its		
Such change wanthorized by	as authorized by resolution duly he board, or the corporation has	adopted by its board of directors or by an obeen notified in writing of the change.	officer so	
		Mate Granic Direct	or	
I hereby arden	tre of an officer or director I the appointment as registered to comply with the provisions of my duties, and I am familiar whis document is being filed mere a that the corporation has been to	Printed or typed name and title agent and agree to act in this capacity, fall statutes relative to the proper and com, ith and accept the obligation of my position ly to reflect a change in the registered office notified in writing of this change.		
	ghature of Registered Agent	12/11/2015 Date		
	chalf of an entity:	J- 4114		
Mate Gran	V			
	Typed 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 * * *