

P15000018473

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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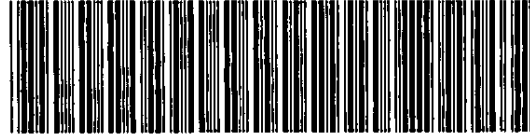
(Business Entity Name)

(Document Number)

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DIVISION OF CORPORATIONS
16 MAY 23 AM 7:38

MAY 23 2016

C LEWIS

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Azure Unlimited Services, Inc.

Name of Corporation

DOCUMENT NUMBER: P15000018473

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:

Mario Munoz c/o T.B.S.

Name of Contact Person

Azure Unlimited Services, Inc.

Firm/Company

55 Merrick Way, Suite 407

Address

Coral Gables, FL 33134

City/State and Zip Code

bmunoz@azureunlimited.com

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

For further information concerning this matter, please call:

Mario Munoz

Name of Contact Person

at (800) 914-1046

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: Azure Unlimited Services, Inc.
2. The principal office address: 55 Merrick Way, Suite 407
Coral Gables, FL 33134
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 3/1/2015 Document number: P15000018473
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)

Morgan Law Group, PA

55 Merrick Way, Suite 404

Coral Gables, FL 33134

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

Mario Munoz c/o T.B.S.

55 Merrick Way, Suite 407

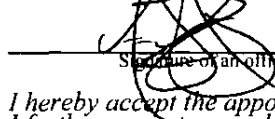
P.O. Box NOT acceptable

Coral Gables, FL 33134

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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.

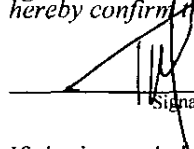


Signature of an officer or director

Mario Munoz - 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 of Registered Agent

May 19, 2016

Date

If signing on behalf of an entity:

Morgan Law Group, PA

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