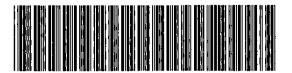
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(Address)				
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(Cit	y/State/Zip/Phone	e #)		
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ik. White

AUG 22 2016 ()

## **COVER LETTER**

Division of Corporations				
Malgorzata Sadowska, Pa				
Name of Co	orporation			
P15000030659				
DOCUMENT NUMBER:				
The enclosed Statement of Change of Registered Office	e/Agent and fee are submitted for filing.			
Please return all correspondence concerning this matter	to the following:			
Malgorzata Sadowska				
Name of Con	ntact Person			
Malgorzata Sadowska, Pa				
Firm/Co	mpany			
550 Biltmore Way, Ph 2 A & B				
Addi	ress			
Coral Gables, FL 33134				
City/State an	nd Zip Code			
MaggieSadowska@hotmail.com	m			
E-mail address: (to be used for for	uture annual report notification)			
For further information concerning this matter, please	call·			
Malgorzata Sadowska	202 236-7040			
Name of Contact Person	at () Area Code & Daytime Telephone Number			
Name of Contact Person	Area Code & Daytime Telephone Number			
Enclosed is a \$35.00 check made payable to the Depart	tment of State.			
Mailing Address: Amendment Section Division of Corporations P.O. Box 6327	Street Address: Amendment Section Division of Corporations Clifton Building			
Tallahassee, FL 32314	2661 Executive Center Circle Tallahassee, FL 32301			

TO:

Amendment Section

hd # 4 # # ###	BOTH FOR CORPOR	RATIONS	AUDICE OR
statement of cl	e provisions of sections 607.0502, 617.0502, 60 hange is submitted for a corporation organized der to change its registered office or registered	under the laws of the State of	Florida
1. The name o	f the corporation:		·
	al office address: 550 Biltmore Way, Ph 2 ables, FL 33134	4 & B	
3. The mailing	g address (if different):		
4. Date of inco	orporation/qualification:	Document number:	P15000030659
	and street address of the current registered agent partment of State: (If resigned, enter resigned) CORPORATION SERVICE COMPA	-	with the
	1201 HAYS STREET		_
	TALLAHASSEE, FL 32301		
6. The name a (if changed)	•	changed) and /or registered of	AUC 1 PH 12: 05
	Drew Melville, Melville Law, PA		- #12
	101 NE 3rd Ave Suite 1500		_ S
	Fort Lauderdale, FL 33301	piable	
The street add as changed w	dress of its registered office and the street add	ress of the business office of	its registered agent,
Such change authorized by	was authorized by resolution duly adopted by the board, or the corporation has been notifie	its board of directors or by a d in writing of the change.	n officer so
	M Sack Uska N	lalgorzata Sadowska, PA	4
I hereby acce I further agre performance agent. Or, if hereby confir	nature of an officer or director  opt the appointment as registered agent and age ee to comply with the provisions of all statutes of my duties, and I am familiar with and acce this document is being filed merely to reflect of my that the corporation has been notified in wi	Printed or typed name and ree to act in this capacity, relative to the proper and co of the obligation of my position a change in the registered off riting of this change.	
	Signature of Registered Agent	8/C/IC Date	
If signing on	behalf of an entity: rille, Melville Law, PA		
	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 \* \* \*