P15000042703

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TO: Amendment Section Division of Corporations

NAME OF CORPORATIO	N: SIHON, CORP				
DOCUMENT NUMBER:	P15000042703				
The enclosed Articles of Ame	endment and fee are su	ubmitted for filing.			
Please return all corresponder	nce concerning this ma	atter to the following:			
GLOR	IA E FLOREZ	•			
		Name of Contact Perso	on		
		Firm/ Company			
3651	3651 N GOLDENROAD RD. B - 206				
		Address			
WINT	ER PARK, FL 32792	<u>. </u>			
		City/ State and Zip Coo	de		
	HC@GMAIL.COM				
E-	mail address: (to be us	sed for future annual repor	t notification)		
For further information concer	rning this matter, pleas	se call:			
GLORIA E FLOREZ		at (407	953-4221		
Name of Conta	act Person	Area Co	ode & Daytime Telephone Number		
Enclosed is a check for the fol	lowing amount made p	payable to the Florida Dep	artment of State:		
	\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)		
Mailing Ad Amendment Division of 0 P.O. Box 63 Tallahassee,	Section Corporations 27	Amend Division Clifton	Address Iment Section Important on of Corporations Important of Building 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: 5ihon - Copp.	
2. The principal office address: P 15000042703	
3651 N Goldenroad Rd B 206 WINTER PURK FL 327	192
3. The mailing address (if different): 5 a we	_
4. Date of incorporation/qualification: 05/12/2011 Document number: P 15 0000 49	<u></u>
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)	
3657 N Goldenacod Rd B-206	
WINTER PORK FL 32792 ES 5	
-	,
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):	
324 Wilshief Blud	
Casselbeery FL 32707.	
P.O. Box NOT acceptable	
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.	
Hemo HM3! GLORIA E FLOREZ	
Signature of an officer or director 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.	
Hull Mas. August 15/2015. Signature of Registered Agent Date	
If signing on behalf of an entity:	
Grova & Horez	
Typed or Printed Name	

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