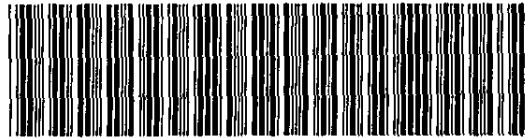


P15 0000 44263

(Requestor's Name)

(Address)

(Address)



700287505227

-Delta Force Mowers Inc.
21218 St. Andrews Blvd #655
Boca Raton, FL 33433

(Document Number)

07/22/16--01012--011 **35.00

Certified Copies _____ Certificates of Status _____

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C. CARROLL

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: Delta Force Movers Inc.
2. The principal office address: 21218 St. Andrews Blvd # 655
Boca Raton, FL 33433
3. The mailing address (if different): _____

4. Date of incorporation/qualification: 5/18/15 Document number: CC 361334 8290

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)

Resigned

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

Tamara Coleman, VP

21218 St. Andrews Blvd #655

P.O. Box NOT acceptable

Boca Raton, FL 33433

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.

Stephen Cox
Signature of an officer or director

Stephen Cox - Pres
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.

Tamara Coleman
Signature of Registered Agent

7-13-16
Date

If signing on behalf of an entity:

Tamara Coleman
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

RECEIVED
FLORIDA DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

2016 JUL 22 AM 3:00

FILED