P150000 60305

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COVER LETTER

ions	
Name of Co	orporation
P15000060	305
hange of Registered Office	e/Agent and fee are submitted for filing.
nce concerning this matter	-
EAN G	IBBS
Name of Con	tact Person
	R FIX INC
Firm/Co	mpany
	5TH STREET
City/State and	I Zip Code
	notmail.com
ldress: (to be used for fu	ture annual report notification)
rning this matter, please ca	all:
SIBBS	at (305) 318-1268 Area Code & Daytime Telephone Numb
act Person	Area Code & Daytime Telephone Numb
ade payable to the Departn	ment of State.
	`
ng Address:	Street Address:
	Amendment Section
	Division of Corporations
:	Clifton Building 2661 Executive Center Circle
NASSEE EL 57314	766 Livacutina Castas Cital
	Gutter Fi Name of Co P15000060 hange of Registered Office nce concerning this matter EAN G Name of Con GUTTE Firm/Con 732 SW Addre DANIA E City/State and ibbs77@h Idress: (to be used for fu

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

statement of ch	ange is submitted for a corporation	7.0502, 607.1508, or 617.1508, Florida organized under the laws of the State of registered agent, or both, in the State of	f_Florida
	the corporation: Gutter Fix Inc		r Fioriaa.
	and desperation.	Street Dania Beach Florida	33004
3. The mailing	address (if different):		
4. Date of incor	poration/qualification: 07/15/20	015Document number: P150	00060305
	d street address of the current register furtinent of State: (If resigned, enter n	ered agent and registered office on file vesigned)	with the
	GUTTER FIX INC		
	335 NW 194 Terrace		-
	Miami Florida 33169		SEP FIL
6. The name and (if changed):	d street address of the new registere	d agent (if changed) and /or registered of	office SSLL F
	GUTTER FIX INC		1:
	732 SW 5TH Street		<u> </u>
	Dania Beach Florida 33	NOT acceptable	_
The street address changed will	ess of its registered office and the s	street address of the business office of	its registered agent,
Such change was	as authorized by resolution duly ad he board, or the corporation has been	opted by its board of directors or by ar en notified in writing of the change.	officer so
Signatu	ure of an other or director	Ean Gibbs, Ow	
i jurtner agree : performance of agent. Or. if th	to comply with the provisions of all my duties, and I am familiar with a	nt and agree to act in this capacity. I statutes relative to the proper and coi and accept the obligation of my position or reflect a change in the registered off	mplete on as registered
	2 (3/3)	09/23/2019	
-	Stature of Registered Agent	Date	
Т	yped or Printed Name		

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
825045 (03/12)

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