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SECRETARY OF STATE STORE OF CORPORATIONS

JUN 2 4 2016

C LEWIS

COVER LETTER

TO: Amendment Section Division of Corporations

SUBJECT: AIR.ZONE, INC.

Name of Corporation

DOCUMENT NUMBER. P15000069021

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:

Greco Benitez

Name of Contact Person

AIR.ZONE, INC.

Firm/Company

12485 SW 137th Avenue Suite 212

Address

Miami, FL 33186

City/State and Zip Code

info@air.zone

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

For further information concerning this matter, please call:

Greco Benitez

, 786

972-0110

Name of Contact Person

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

statement of cha	ange is submitted for a	corporation organize	607.1508, or 617.1508, ed under the laws of the	State of Florida	this	
	• •		ed agent, or both, in the	State of Florida.		
1. The name of	the corporation: AIR.	ZUNE, INC.	DMECTEAD EL C	2000		
2. The principal	office address: 1005	NE 42 AVE H	OMESTEAD, FL 3	33033	W-1,7 L-2	<u> </u>
3. The mailing a	address (if different):					
4. Date of incor	poration/qualification:	08/18/2015	Document number:	P15000069	021	
5. The name and		current registered age	nt and registered office	on file with the		
	GRECO BENIT	EZ				
	1005 NE 42 AV	Έ			.~2	<u></u>
	HOMESTEAD,	FL 33033			2016 JUN 20	VISION VISION
6. The name and (if changed):	d street address of the r	new registered agent	(if changed) and /or regi	stered office		OF CORP
	GRECO BENIT	EZ			PH I	STA
	12485 SW 137t	th Avenue Suite	212		=	57
	Miami, FL 3318	P.O. Box NOT acc	ceptable			
The street address changed will	ess of its registered off be identical.	fice and the street ad	dress of the business of	fice of its registe	red ager	nt,
Such change wa authorized by th	as authorized by resolute board, or the corpor	ution duly adopted bration has been notifi	y its board of directors a led in writing of the cha	or by an officer singe.	Ю	
Signatu	ire of an office of director	·	Ivan Martin VP	name and title		
I further agrée : performance of agent. Or. if th	to comply with the pro my duties, and I am fo	misions of all statute amiliar with and acc iled merely to reflect	igree to act in this capa is relative to the proper ept the obligation of my a change in the registe writing of this change.	and complete position as regi	stered ss, I	
	150	> (06/14/2016			
	mature of Registered Agent		Date			
If signing on be	chalf of an entity:					
Greco Beni	· · · ·					
T	yped or Printed Name					

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