

P150000 72264

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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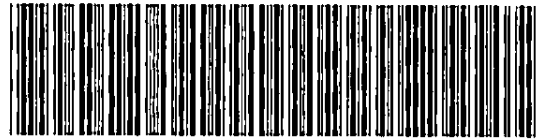
(Business Entity Name)

(Document Number)

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TO: Amendment Section
Division of Corporations

SUBJECT: B2B LIG, Inc.
Name of Corporation

DOCUMENT NUMBER: P15000072264

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:

James O. Reynolds
Name of Contact Person

B2B LIG Inc
Firm/Company

13359 W. Hillsborough Ave
Address

Tampa FL 33635
City/State and Zip Code

James @ B2BSR.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

James O. Reynolds at (813) 855-7446
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

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: B2B LIG, Inc
2. The principal office address: 13359 W. Hillsborough Ave
Tampa FL 33635
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 8/27/2015 Document number: P15 0000 72264

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)

Corporation Service Company
1201 Hays St
Tallahassee FL 32301

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

Dori Hazama
40 Stanton Circle
P.O. Box NOT acceptable
Oldman FL 34677

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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.

Dorianna K. Hazama
Chief Operating Officer
Signature of 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.

James O. Reynolds 3/13/19
Signature of Registered Agent Date

If signing on behalf of an entity:

James O. Reynolds
Typed or Printed Name

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