

P150000081797

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

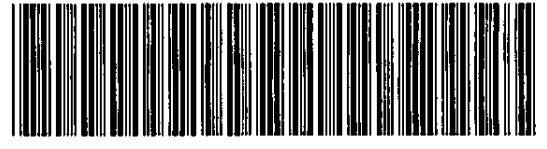
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

*R. Albritton*

NOV 17 2015

I ALBRITTON

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** 3Flors Inc.

Name of Corporation

**DOCUMENT NUMBER:** P15000081797

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:

*Change  
Registered  
Agent  
Correct  
Address*

Ian Richards

Name of Contact Person

3Flors Inc

Firm/Company

660 NW 119 Street

Address

Miami Florida 33168

City/State and Zip Code

info@shileillc.com

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

For further information concerning this matter, please call:

Ian Richards

Name of Contact Person

at ( 305 ) 653 4357

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: 3Flors Inc.

2. The principal office address: 660 NW 119 Street Miami, Florida 33168

3. The mailing address (if different): \_\_\_\_\_

4. Date of incorporation/qualification: 10/02/2015 Document number: P15000081797

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)

Spiegel & Utrera, P.A.  
1840 SW 22nd St 4th Floor  
Miami, FL 33145

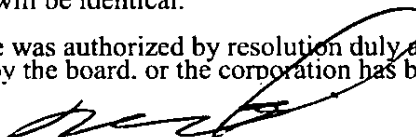
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

Ian Richards  
4700 Sheridan Sreet, Suite J  
P.O. Box NOT acceptable  
Hollywood, Florida 33021

*- Change Registered Agent  
Correct Address*


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.

  
\_\_\_\_\_  
Signature of an officer or director

President  
\_\_\_\_\_  
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.*

  
\_\_\_\_\_  
Signature of Registered Agent

November 11, 2015  
\_\_\_\_\_  
Date

If signing on behalf of an entity:

Ian Richards  
\_\_\_\_\_  
Typed or Printed Name

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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