P160000191a3

| | equestor's Name) |
|------------------------|-----------------------------------|
| | ddress) |
| | ddress) |
| PICK-UP | ity/State/Zip/Phone #) WAIT MAIL |
| (€ | usiness Entity Name) |
| (C | ocument Number) |
| Certified Copies | Certificates of Status |
| Special Instructions t | Filing Officer: |
| | |
| | Office Use Only |



100293672071

04/02/18--01007--021 **35.00

2018 NAR 29 P 12: 12

APR 0 3 2010 T. LEPHEUX



COVER LETTER

TO: Amendment Section Division of Corporations

SIBLECT Sifnos Inc

Name of Corporation

POCINE NT NUMBER P16000019123

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:

Juan Diego Aristizabal

Name of Contact Person

Midtown Realty Group

Firm/Company

175 SW 7TH ST, SUITE 2112

Address

MIAMI, FL 33130

City/State and Zip Code

avelez@midtown-realty.com

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

For further information concerning this matter, please call:

Juan Diego Aristizabal

at (

3059611115, 8012

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

| statemente | o the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this of change is submitted for a corporation organized under the laws of the State of FLORIDA order to change its registered office or registered agent, or both, in the State of Florida. |
|---|---|
| | ne of the corporation: Sifnos Inc |
| 1. The nam | cipal office address: 175 SW 7TH ST, SUITE 2112 |
| | II, FL 33130 |
| 3. The mai | ling address (if different): |
| 4. Date of | incorporation/qualification: 03/01/2016 Document number: P16000019123 |
| | ne and street address of the current registered agent and registered office on file with the Department of State: (If resigned, enter resigned) |
| | NRAI SERVICES, INC |
| i | 1200 SOUTH PINE ISLAND ROAD |
| | PLANTATION, FL 33324 |
| 6. The nan (if chang | ne and street address of the new registered agent (if changed) and /or registered office ged): |
| | DADE REGISTERED AGENT INC |
| | 175 SW 7TH ST, SUITE 2112 |
| | P.O. Box NOT acceptable |
| | MIAMI, FL 33130 |
| The street as change | address of its registered office and the street address of the business office of its registered agent. |
| Such chan authorized | ge was authorized by resolution duly adopted by its board of directors or by an officer so it is by the board, or the corporation has been notified in writing of the change. |
| Surgio | Madero SERGIO MADERO, DVP. |
| —5018020 I hereby a I further a performan agent. Or | Printed or typed name and title of director residual. Printed or typed name and title of the proper and typed name |
| | Race been 03/28/2018 |
| If ciamina | on behalf of an entity: |
| | REGISTERED AGENT INC |
| 5, (5) | 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 CR2E045 (05/12)