PLODD	24944
(Requestor's Name) (Address) (Address)	200304238992
(City/State/Zip/Phone #)	10,/10/1701035013 ★+35.00
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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 t	EDDIE FALCON, P.A.	
2. The principal	8921 NW 53BD STREET SUNRISE EL 33351	
3. The mailing a	ddress (if different):	
	03/16/2016 P16000024944	
4. Date of incorp	03/16/2016 P16000024944	
	I street address of the current registered agent and registered office on file with the tment of State: (If resigned, enter resigned) CORPORATION SERVICE COMPANY	
	1201 HAYS STREET	
	TALLAHASSEE, FL 32301	
6. The name and street address of the new registered agent (if changed) and /or registered office		
	8921 NW 53RD STRRET	
	P.O. Box NOT acceptable	

The street address of its registered office and the street address of the businesstoffice 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	

EDDIE FALCON, 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

10/1/2017

Date

If signing on behalf of an entity:

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 (03/12)