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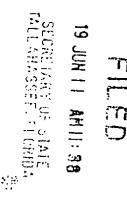
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COVER LETTER

TO: Amendment Section Division of Corporations

THAT IS GREAT DESIGN, CORP

Name of Corporation

DOCUMENT NUMBER: P16000045723

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:

ADRIANA NAVARRO

Name of Contact Person

THAT IS GREAT DESIGN, CORP

Firm/Company

13762 W STATE RD 84 # 295

Address

DAVIE, FL 33325

City/State and Zip Code

thatisgreatdesign@gmail.com

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

For further information concerning this matter, please call:

Adriana Navarro at (954) 328-4437

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	unge is submitted for a corporation o	7.0502, 607.1508, or 617.1508, Florid organized under the laws of the State (registered agent, or both, in the State (of FLORIDA	
1. The name of	the corporation: THAT IS GRE	EAT DESIGN, CORP		
2. The principal office address: 13762 W State Rd 84 # 295, Davie FL 33325				
3. The mailing a	address (if different): 13762 W 5	State Rd 84 # 295, Davie	FL 33325	
4. Date of incor	poration/qualification: 05/17/20	16 Document number: P16	6000045723	
5. The name and		ered agent and registered office on file	e with the	
	ADRIANA NAVARRO			
	1331 BANYAN WAY	***	F L SECRETAN SECRETAN SECRETAN	
	WESTON, FL 33327		—-"·;-<	
6. The name and (if changed):	d street address of the new registered	d agent (if changed) and /or registered		
	ADRIANA NAVARRO		- 東西 - 	
13762 W STATE Rd 84 # 295 P.O. Box NOT acceptable			••	
				
	DAVIE, FL 33325			
The street address changed will	ess of its registered office and the s be identical.	treet address of the business office o	f its registered agent,	
Such change wa authorized by the	as authorized by resolution duly ad- ne board, or the corporation has bee	opted by its board of directors or by a en notified in writing of the change.	an officer so	
floright		Adriana Navarro (President)		
I hereby accept I further agree performance of agent. Or, if th	to comply with the provisions of all	Printed or typed name and not and agree to act in this capacity, I statutes relative to the proper and cand accept the obligation of my posity or reflect a change in the registered of field in writing of this change.	romplete	
NYCAWAN Signature of Registered Agent		06/07/2019		
Signature of Registered Agent		Date		
If signing on bo	half of an entity:			
т	yped or Printed Name			
	* * * FILING	G 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)