To: Page 3 of 5
Division of Corporations

Division of Corporations Electronic Filing Cover Sheet

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(((H160002222653)))



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Division of Corporations

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REGISTERED AGENT CHANGE ATARAXIA ENTERPRISE, INC.

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SEP 0.8 2015

C. CARROTHERS

Electronic Filing Menu

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COVER LETTER

TO:	Amendment Section Division of Corporations			
SUBJI	ATARAXIA ENTERPRISE, INC.			
OCDO!	Name of Corporation			
DOCU	P16000050224 MENT NUMBER:			
The en	closed Statement of Change of Registered Office/Agent and fee are submitted for filing.			
Please	return all correspondence concerning this matter to the following:			
	Phillip Saunders			
	Name of Contact Person			
	Nume of Condit Leison			
Firm/Company				
301 WEST BAY STREET, SUITE # 1030				
Address				
JACKSONVILLE, FL 32202				
City/State and Zip Code				
	phillip@safetyharborstaffing.com			
	E-mail address: (to be used for future annual report notification)			
For fu	ther information concerning this matter, please call:			
Phillip	Name of Contact Person at (919 373-5210 Area Code & Daytime Telephone Number			
	Name of Contact Person Area Code & Daytime Telephone Number			
Enclos	ed 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			

CR2E045 (03/12)

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

statement of	change is submitted for a corporation	7.0502, 607.1508, or 617.1508, Florida Statutes, organized under the laws of the State of Florid	
	() ()	registered agent, or both, in the State of Florida.	
1. The name	of the corporation: ATARAXIA ENTER	RPRISE, INC.	
2. The princi	ipal office address: 301 WEST BAY STE	REET SUITE # 1030, JACKSONVILLE, FL 32202	
3. The maili	ng address (if different):		
4. Date of in	corporation/qualification: 06/07/2016	Document number: P16000050224	
	and street address of the current regist epartment of State: (If resigned, enter re	ered agent and registered office on file with the esigned)	
	LILES GAVIN, P.A.		್ರಾಗ್ರೆಯ 📸
	301 WEST BAY STREET, SUITE #	1030	SEP
	JACKSONVILLE, FL 32202	·	Figure 1
6. The name (if change		d agent (if changed) and /or registered office	100 A 3:
	C T Corporation System		3: 00 \$1ATE LONIDA
	c/o C T Corporation System, 1200 So	outh Pine Island Road	•
	P.O. Bo	ox NOT acceptable	
	Plantation, Florida 33324		
The street ac as changed to	ddress of its registered office and the s will be identical.	street address of the business office of its register	ered agent,
Such change authorized b	e was authorized by resolution duly ad by the board, or the corporation has be	opted by its board of directors or by an officer seen notified in writing of the change.	30
Wa	rren Williams	Warren Williams	· · · · · · · · · · · · · · · · · · ·
perjormanci agent. Or, i hereby confi	e of my duties, and I am familiar with c f this document is being filed merely t irm that the corporation has been noti	Printed or typed name and title int and agree to act in this capacity. I statutes relative to the proper and complete and accept the obligation of my position as regi o reflect a change in the registered office addre fled in writing of this change.	istered ss, f
ву:	Corporation System Janufan Vincent Signature of Registered Agent	September 7, 20,	16
lf signing or	Signature of Registered Agent behalf of an entity;	Date	
	Typed 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)