

To: Page 3 of 5  
Division of Corporations

2016-09-13 10:05:40 CSE

09542860845 From: Panas, McStaw

P 16 000050224

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

**Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.**

(((H160002272853)))



H160002272853ABCO

**Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.**

To: Division of Corporations  
Fax Number : (850) 617-6380

From: Account Name : C T CORPORATION SYSTEM  
Account Number : FCA000000023  
Phone : (850) 205-8842  
Fax Number : (850) 878-5368

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address: \_\_\_\_\_

**REGISTERED AGENT CHANGE  
ATARAXIA ENTERPRISE, INC.**

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$35.00

RECEIVED

16 SEP 13 AM 12:14

(8)

RECEIVED

16 SEP 13 AM 11:23

RECEIVED

Electronic Filing Menu

Corporate Filing Menu

Help

RACH

SEP 14 2016

D CONNELL

## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Ataraxia Enterprise, Inc.

\_\_\_\_\_  
Name of Corporation

**DOCUMENT NUMBER:** P16000050224

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:

Phillip Saunders

\_\_\_\_\_  
Name of Contact Person

\_\_\_\_\_  
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 further information concerning this matter, please call:

Phillip Sanders

919 373-5210

\_\_\_\_\_  
Name of Contact Person

at ( ) \_\_\_\_\_  
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

CR2E045 (03/12)

# 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: Ataraxia Enterprise, Inc.
2. The principal office address: 301 West Bay Street, Suite # 1030, Jacksonville, FL 32202
3. The mailing address (if different): \_\_\_\_\_
4. Date of incorporation/qualification: 06/07/2016 Document number: P16000050224
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)

C T Corporation System

c/o C T Corporation System, 1200 South Pine Island Road

Plantation, Florida 33324

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

NRAI Services Inc.

1200 South Pine Island Road

P.O. Box NOT acceptable

Plantation, Florida 33324

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.

Warren Williams  
Signature of an officer or director

Warren Williams

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.*

By: Jenifer Vincent  
Signature of Registered Agent

September 7, 2016  
Date

If signing on behalf of an entity:

NRAI Services Inc.

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)