P16000051982

| (Re | equestor's Name) | | | |
|---|--------------------|-------------|--|--|
| (Ad | Idress) | | | |
| (Ad | ldress) | | | |
| (Cit | ty/State/Zip/Phono | e #) | | |
| PICK-UP | ☐ WAIT | MAIL | | |
| (Bu | ısiness Entity Nar | me) | | |
| (Document Number) | | | | |
| Certified Copies | _ Certificates | s of Status | | |
| Special Instructions to Filing Officer: | | | | |
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SECRETARY OF STATE

JUL 25 2016

C. CARROTHERS

COVER LETTER

TO: Amendment Section Division of Corporations XYZ Promotions, Inc. SUBJECT: Name of Corporation P16000051982 DOCUMENT NUMBER: 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: Olubunmi Adekiya Name of Contact Person FAB Promotions, Inc. Firm/Company 4960 NW 165th Street, Unit B5 Address Miami Gardens, FL 33014 City/State and Zip Code fabpromotioninc@gmail.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Latasha Pickett Name of Contact Person

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

| - | • | .0502, 617.0502, 607.1508, or 617.1508, Florida Statut poration organized under the laws of the State ofF | tes, this Torida |
|---|--|--|-----------------------|
| in order | to change its registered of | office or registered agent, or both, in the State of Floria | la. |
| 1. The name of the | ne corporation: XYZ | Promotions, Inc | |
| 2. The principal | office address: 9431 | Live Oak Place, #405 | |
| | Daiv | e, FL 33324 | |
| 3. The mailing ac | ddress (if different): PC |) Box 5085 | |
| | His | aleah, FL 33014 | |
| 4. Date of incorp | oration/qualification: 06 | 6/14/16 Document number: P1600005 | 1982 |
| 5. The name and | | ent registered agent and registered office on file with the | e |
| | Latasha | Pickett | |
| | 9431 Live | e Oak Place, #405 | ~ 5 |
| | Daive, Fl | L 33324 | |
| 6. The name and (if changed): | street address of the new | registered agent (if changed) and /or registered office | 2816 JUL 15 F |
| | Taiwo O | yinlola | FIFTING ST |
| | 9431 Liv | ve Oak Place, #405 | ALIEN ST |
| | Daive F | P.O. Box NOT acceptable | |
| | | | |
| The street addre | ss of its registered office be identical. | and the street address of the business office of its regi | stered agent, |
| Such change wa authorized by th | s authorized by resolution e board, or the corporation | n duly adopted by its board of directors or by an office on has been notified in writing of the change. | er so |
| fat | #Polsed | Latasha Pickett, Presid | ient |
| Signatur | e of an officer or director | Printed or typed name and title | |
| I hereby accept to a further agree to performance of agent. Or, if this hereby confirm to | the appointment as regist o comply with the provisi my duties, and I am famil s document is being filed that the corporation has l | tered agent and agree to act in this capacity. ions of all statutes relative to the proper and complete liar with and accept the obligation of my position as r merely to reflect a change in the registered office add been notified in writing of this change. | egistered Iress, I |
| (Car | - | 07/12/2016 | |
| Sign | ature of Registered Agent | Date | |
| If signing on bel | nalf of an entity: | | |
| Ta | iwo Oyinlola | | |
| Ту | ped or Printed Name | | |

* * * FILING FEE: \$35.00 * * *