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(Requestor's Name)			
,	(Ac	ldress)	
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PO Box 547758, Orlando, FL. 32854			
	(Ci	ty/State/Zip/Phone	e #)
PICK-UP		☐ WAIT	MAIL
(Business Entity Name)			
(Document Number)			
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SECRETARY DESTRUCTOR

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

Phrsuant 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: Offender Hovsing Group Inc.
2. The principal office address: 1007 38th street
Orlando Fl. 32805
3. The mailing address (if different): P.O. Bor 5-47758
Orlando Fl. 32854
4. Date of incorporation/qualification: 7-22-2016 Document number: P160000 61526
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)
William Johnson
3016 Friendly Are
Orlando, Fl. 32808.
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):
Bryan P. Florence
1422 414 Street
P.O. BOX NOT acceptable
Orlands, F1 32839
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.
With m Jothnson — Coo Printed or typed name and utile
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.
Bryan Florence 1-02-17 Date Date
If signing on behalf of an entity:
Typed or Printed Name

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR2E045 (03/12)

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