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K. WHITE

COVER LETTER

TO: Amendment Section Division of Corporations

SOBE DEFENSE CORP

Name of Corporation

P16000069880

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:

MELANIE S CORDOBA

Name of Contact Person

SOBE DEFENSE CORP

Firm/Company

11700 NW 101ST RD

Address

MEDLEY/FL/33012

City/State and Zip Code

sobedefense@gmail.com

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

For further information concerning this matter, please call:

MELANIE S CORDOBA

305 (7960365

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

CR2E045 (03/12)

1. The name of the corporation: Some Left State 11700 NW 101ST RD MEDLEY FL 33178 2. The principal office address: 11700 NW 101ST RD MEDLEY FL 33178 3. The mailing address (if different): 4. Date of incorporation/qualification: 08/23/2016 Document number: P16000069880 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) ALI UNLU (REGISNED) 92 SW 3RD ST MIAMI FL 33130 6. The name and street address of the new registered agent (if changed) and /or registered office of (if changed): MELANIE S CORDOBA 11700 NW 101ST RD MEDLEY FL 33178 P.O. Box NOT acceptable 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 chalge was outhorized 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. MELANIE S CORDOBA (MANAGER) Printed or typed name and rille I hards a complete approintment as registered agent and agree to act in this capacity. I hards agree to complete with the provisions of all statutes relative to the proper and complete performance of my duties and I and familiar with and accept the diffice address. I hereby conflict that the componential has been notified in writing of this change. Supplied to kegistered agent and agree to act in this capacity. I hards agree to ecomply with the provisions of all statutes relative to the proper and complete performance of my duties and I and familiar with and accept the obligation of my position as registered agent and with an original more than a conflict and accept the obligation of my position as registered agent and writing of this change. 12/1/2016	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.
2. The principal office address: 11700 NW 10151 RD MEDLEY FL 33178 3. The mailing address (if different): Document number: P16000069880 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) ALI UNLU (REGISNED) 92 SW 3RD ST MIAMI FL 33130 6. The name and street address of the new registered agent (if changed) and /or registered office. FC (if changed): MELANIE S CORDOBA 11700 NW 101ST RD MEDLEY FL 33178 P.O. Bas NOT acceptable 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 changed will be identical. Such change was outhorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, with corporation has been notified in writing of the change. MELANIE S CORDOBA (MANAGER) Printed or typed name and indee 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 its first document is being filed merely to reflect a change in the registered office address, I here to confirm that the consportation has been notified in writing of this change. 12/1/2016	•
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Signature of Registered Agent Date	12/1/2016
	Signal Le of Registered Agent Date
If signing on behalf of an entity:	If signing on behalf of an entity:
MELANIE S CORDOBA Typed or Printed Name	

BOTH FOR CORPORATIONS

* * * 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)