

P16000070867

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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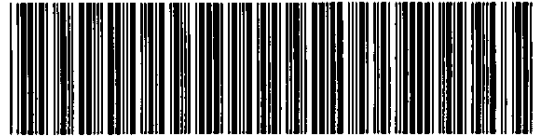
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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APR 21 2017
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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Double-Headed Golden Eagle Inc.
Name of Corporation

DOCUMENT NUMBER: P16000070867

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:

Stefan D. Progovac
Name of Contact Person

Double-Headed Golden Eagle Inc.
Firm/Company

345 Ocean Dr. Apt 823
Address

MIAMI BEACH, FL 33139
City/State and Zip Code

SProgovac@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Stefan Progovac at (313) 930 3569
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

**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: Double-Headed Golden Eagle Inc.
2. The principal office address: 345 Ocean Drive Apt 823
MIAMI BEACH, FL 33139
3. The mailing address (if different): Same as above
4. Date of incorporation/qualification: 08/25/2016 Document number: P16000070867

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)

Stefan Progovac
1504 Bay Rd Apt 1507
MIAMI BEACH, FL 33139

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

Stefan Progovac
345 Ocean Drive Apt 823
MIAMI BEACH, FL 33139
P.O. Box NOT acceptable

Address
Change
only

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

[Signature]
Signature of an officer or director

Stefan Progovac
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.

Stefan Progovac
Signature of Registered Agent

04/13/17
Date

If signing on behalf of an entity:

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 32317

CR2E045 (03/12)

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TALLAHASSEE, FLORIDA