P160000 72913

(Requestor's Nam	ne)
(Address)	
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(City/State/Zip/Ph	one #)
PICK-UP WAIT	MAIL
(Business Entity I	Name)
(Document Numb	er)
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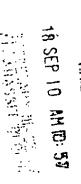
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COVER LETTER

TO: Amendment Section Division of Corporations $_{\text{SUBJECT:}_}$ SoftBuy Inc Name of Corporation 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: Cesar J Lisboa Name of Contact Person SoftBuy Inc Firm/Company 3390 Mary Street Suite 270 Address Coconut Grove Florida 33133 City/State and Zip Code cesarilisboa@icloud.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Cesar J Lisboa 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

statement of cha	provisions of sections 607.050 unge is submitted for a corpord or to change its registered offic	ation organized	under the laws of the	State of Flori	da	-
1. The name of	the corporation: SoftBuy, Ir	nc.				
2. The principal	office address: 3390 Mary	/ Street Su	te 270 Coconu	t Grove F	L 33133	}
3. The mailing a	uddress (if different):					
4. Date of incor	poration/qualification: 09/02	2/2016	_ Document number:	P160000	72913	
5. The name and	i street address of the current r rtment of State: (If resigned, er	registered agent				
	UNITED STATES C	ORPORAT	ION AGENTS,	INC.		
	1302 WINDING OAK COURT A TAMPA FLORIDA					
	33612					
6. The name and (if changed):	i street address of the new regi	istered agent (if	changed) and /or regi	stered office	18 SEP	ونيد
	CESAR J LISBOA			54 25 26	SEP 10	
7905 SW 104TH STREET AP H208					왕 왕 당 당	() (ii)
	MIAMI FLORIDA 33	P.O. Box NOT accep	table		्र छि १ ५३	
The street address changed will	ess of its registered office and be incultical.	the street addr	ess of the business of	Tice of its reg	gistered age	nt,
	as authorized by resolution du ne board, or the corporation ha					
Signatu	of the Object or director	<u>C</u> [ESAR J LISBO		IDENT	-
I hereby accept I further perform agent. hereby	the appointment as registered to comply with the provisions valuties, and I am familiar in filed mer	of all statutes i with and accep rely to reflect a	ree to act in this capa relative to the proper t the obligation of my change in the registe ting of this change.	and complete position as i	e registered ldress, I	
		<u>SI</u>	EP 5 2018			_
If signing on be	half of an entity:		Date			
CESAR J L	•					
	yped or Printed Name					

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

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