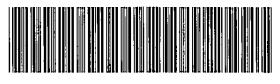
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(Requestor's Name)	
(Address)	
(Address)	
(City/State/Zip/Phone #)	MAIL
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of Statu	
Special Instructions to Filing Officer:	

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COVER LETTER

TO: Amendment Section Division of Corporations SUBJECT: Changing Registered Agent P16000072914 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: Carolyn Eagen Name of Contact Person Memory Box, Inc Firm/Company 22125 Laver Lane Address Land O Lakes, FL 34639 City/State and Zip Code caeagen@gmail.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Carolyn Eagen Name of Contact Person Enclosed is a \$35.00 check made payable to the Department of State. Street Address: Mailing Address: Amendment Section Amendment Section Division of Corporations Division of Corporations P.O. Box 6327 Clifton Building Tallahassee, FL 32314 2661 Executive Center Circle

Tallahassee, FL 32301

CR2E045 (03/12)

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

	i II	607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this	
- 11		corporation organized under the laws of the State of Florida	
	- 1	red office or registered agent, or both, in the State of Florida.	
1. The name of t	the corporation: Men	nory Box, Inc.	
2. The principal	office address: 2212	25 Laver Lane, Land O Lakes, FL 34639	
_			
3. The mailing a	ddress (if different):		
	[00/02/16	
4. Date of incom	poration/qualification:		
	I street address of the tement of State: (If resi	current registered agent and registered office on file with the igned, enter resigned)	
	United States (Corporations Agents, Inc	
	13302 Winding	Oak Ct. A, Tampa, FL 33612	
	Cheyenne Mos	seley, US Corp Agents	
(if changed):	I street address of the	new registered agent (if changed) and /or registered office	
	Carolyn Eagen		
	22125 Laver L	□ · · · · · · · · · · · · · · · · · · ·	
	-	P.O. Box NOT acceptable	
	Land O Lakes,	FL 34639	
The street address changed will	ess of its registered of be identical.	fice and the street address of the business office of its registered agent,	
Such change wa authorized by th	as authorized by resolute board, or the corporation	ution duly adopted by its board of directors or by an officer so ration has been notified in writing of the change.	
Signaliu	re of an object and inector	Carolyn Eagen, Founder	
I hereby accept I further agree to performance of	the appointment as re to comply with the pro my duties, and I am to	Printed or typed name and little gistered agent and agree to act in this capacity, gvisions of all statutes relative to the proper and complete amiliar with and accept the obligation of my position as registered filed merely to reflect a change in the registered office address, I has been notified in writing of this change.	
		9/05/2017	
Sign	nature of Registered Agent	Date	
If signing on be	half of an entity:		
T	ped 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 32314
CR2E045 (03/12)