P16 0000 76038

| (Requestor's Name) | |
|---|-----------|
| (Address) | 900338 |
| (Address) | 00000 |
| (City/State/Zip/Phone #) | |
| PICK-UP WAIT MAIL | |
| (Business Entity Name) | 12/30/190 |
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COVER LETTER

TO: Amendment Section Division of Corporations SUBJECT: My Peaceful Treasures Inc Name of Corporation P16000076038 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: Mary Durant Name of Contact Person Firm/Company 1001 Saint Ives Ct Address Mount Dora, FL 32757 City/State and Zip Code mypeacefultreasures@gmail.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Mary Durant Name of Contact Person finclosed is a \$35.00 check made payable to the Department of State. **Mailing Address:** Street 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

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

| statement of char | provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes this age is submitted for a corporation organized under the laws of the State of <mark>Florida to change its registered office or registered age</mark> nt, or both, in the State of Florida | |
|--|--|--|
| 1. The name of the | he corporation: My Peaceful Treasures Inc | |
| 2. The principal of | office address: 1001 Saint Ives Ct, Mount Dora, Fl 32757 | |
| 3. The mailing ac | ddress (if different): 1001 Saint Ives Ct, Mount Dora, FI 32757 | |
| 4 Date of incorp | oration/qualification: 09/14/2016 Document number: P16000076038 | |
| 5. The name and | street address of the current registered agent and registered office on file with the tment of State: (If resigned, enter resigned) | |
| | Delandras R. Durant (Resigned) | |
| | 1001 Saint Ives Ct, Mount Dora, FI 32757 | |
| | 1001 Saint Ives Ct, Mount Dora, FI 32757 | |
| 6. The name and (if changed): | street address of the new registered agent (if changed) and /or registered office Mary Durant | |
| | Mary Durant | |
| 1001 Saint Ives Ct, Mount Dora, FI 32757 | | |
| | P.O. Box NOT acceptable | |
| The street addre | ss of its registered office and the street address of the business office of its registered agent, be identical. | |
| | s authorized by resolution duly adopted by its board of directors or by an officer so e board, or the corporation has been notified in writing of the change. | |
| \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\ | Delandras R. Durant, President Printed or typed name and title | |
| I twiner agrée to performance of i | the appointment as registered agent and agree to act in this capacity. o comply with the provisions of all statutes relative to the proper and complete my duties, and I am familiar with and accept the obligation of my position as registered s document is being filed merely to reflect a change in the registered office address I hat the corporation has been notified in writing of this change. | |
| Mary | Juc of Registered Agent 12/23/2019/11/19 | |
| It signing on behalf of an entity: | | |
| Ту | ped or Printed Name | |

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314 CR21 (45 (+3712))

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