P160000019358

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COVER LETTER

TO:	Amendment Section Division of Corporations				
SUBJE	A2ABALIUK, INC.				
.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Name of Corporation				
DOCU	HENT NUMBER: P16000079358				
The enc	osed Statement of Change of Registered Office/Agent and fee are submitted for filing.				
	eturn all correspondence concerning this matter to the following:				
	BALIUK, OLEKSANDR				
	Name of Contact Person				
	A2ABALIUK, INC.				
Firm/Company					
	542 NW 8 STREET, APT. 10				
	Address				
	MIAMI, FL 33136				
	City/State and Zip Code				
	aleks.avtoeu@gmail.com				
	E-mail address: (to be used for future annual report notification)				
For furth	er information concerning this matter, please call:				
BALIU	C, OLEKSANDR 224 399-7449				
	Name of Contact Person at () 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

statement of cha	inge is submitted for a corporation	7.0502, 607.1508, or 617.1508, Florida orgunized under the laws of the State of registered agent, or both, in the State of	FLORID		-
1. The name of	the corporation: A2ABALIUK, IN	C.			
2. The principal	office address: 4035 SW 2 STR	EET			-
. ,	CORAL GABLES	S, FL 33143			
3. The mailing a	ddress (if different):				-
4. Date of incorp	poration/qualification: 09/27/20	16 Document number: P160	000793	358	
5. The name and		ered agent and registered office on file w			
	BALIUK, OLEKSANDR				
	4035 SW 2 STREET		- ,		
	CORAL GABLES, FL 33143			:33	
6. The name and (if changed):	I street address of the new registered	d agent (if changed) and /or registered o	ffice		
	BALIUK, OLEKSANDR			27	
	542 NW 8 STREET, AP	T. 10	-	2	
•	MIAMI, FL 33136	x NOT acceptable		6	
The street address changed will	ess of its registered office and the s be identical.	treet address of the business office of i	ts register	ed age	nt,
Such change wa authorized by th	is authorized by resolution duly ad- te board, or the corporation has be	opted by its board of directors or by an en notified in writing of the change.	officer so)	
,		BALIUK, OLEKSANDR			
I hereby accept I further agree t performance of	o comply with the provisions of all my duties, and I am familiar with a	Printed or typed name and to nt and agree to act in this capacity. I statutes relative to the proper and con and accept the obligation of my positio o reflect a change in the registered offic fied in writing of this change.	nplete n as regis	tered s, I	-
		December 20, 2016			
Signing on ba	May of Registered Agent	Date	<u></u>		=
BALIUK, OLEK	•				
	ped 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 * * *