P16000084011

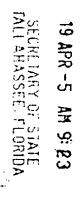
(R	equestor's Name)
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PICK-UP	WAIT MAIL
(B	Jusiness Entity Name)
(C	Occument Number)
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COVER LETTER

TO: Amendment Section Division of Corporations

SUBJECT: Sobragua, Inc.

Name of Corporation

POCHMENT NUMBER. P16000084011

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:

Mark Rosenblum

Name of Contact Person

Sobragua, Inc.

Firm/Company

2385 NW Executive Center Drive Suite 100

Address

Boca Raton, FL 33431

City/State and Zip Code

mark@sobragua.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Mark Rosenblum

Name of Contact Person

Name of Contact Person

at (619) 928-7184

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	rovisions 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 Florida to change its registered office or registered agent, or both, in the State of Florida.
1. The name of t	ne corporation: Sobragua, Inc.
2. The principal	on, Florida 33431
3. The mailing a	Idress (if different): same
4. Date of incorp	oration/qualification: 10/17/2016 Document number: P16000084011
5. The name and	street address of the current registered agent and registered office on file with the ment of State: (If resigned, enter resigned)
,	Paracorp Incorporated
	1SS Office Plaza Or 1st Floor F.E. =
-	Tallahassee, FL 32301
6. The name and (if changed):	street address of the new registered agent (if changed) and /or registered office
	Mark Rosenblum
	2385 NW Executive Drive Suite 100
	P.O. Box NOT acceptable Boca Raton, FL 33431
The street addre	ss of its registered office and the street address of the business office of its registered agent, be identical.
Such change wa authorized by th	s authorized by resolution duly adopted by its board of directors or by an officer so board, or the corporation has been notified in writing of the change.
MI	Mark Rosenblum P e of an officer or director Printed or typed name and title
I hereby accept I further agree t performance of agent. Or, if this hereby confirm	the appointment as registered agent and agree to act in this capacity. To comply with the provisions of all statutes relative to the proper and complete now duties, and I am familiar with and accept the obligation of my position as registered is 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. 4/1/2019
If signing on bel	ature of Registered Agent Date
ıy	sed of Triffed 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 * * *