## P 1600087583

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
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05/26/17--01021--025 \*\*35.00

SECRETARY OF STATE TALLAHASSEE, FLORID, STATE

C. GOLDEN MAY 31 2017

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

	Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of Florida.		
€.	in order to change its registered office or registered agent, or both, in the State of Florida.		
	1. The name of the corporation: Productiv FLA Cnc		
	2. The principal office address: 263 Dominica Cir Niceville, FL 32508		
	3. The mailing address (if different):		
	4. Date of incorporation/qualification: 10 28 2016 Document number: P16000875		
	5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)		
	Legaline Corporate Services Trc.		
	5237 Summerlan Commons, STE 400		
	Fort Meyers, FL 33807		
	6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):		
	Elsie B. Stewart		
	263 Dominica Cir		
	Niceville, FL 32578		
	The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.		
	Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.		
*	Signature of an officer or director  K 6 1512 R, Stewart / Owner  Printed or typed name and title		
	I hereby accept the appointment as registered agent and agree to act in this capacity.  I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.		
*	Signature of Registered Agent  * 5/19/17		
	If signing on behalf of an entity:		
	Typed 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 \* \* \*