

P16000090677

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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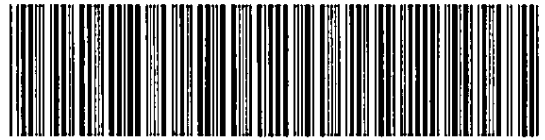
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

## COVER LETTER

TO: Amendment Section  
Division of Corporations

SUBJECT: PURE LIFE FILTER, INC.

Name of Corporation

DOCUMENT NUMBER: P16000090677

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:

BORIS DJURIC

Name of Contact Person

PURE LIFE FILTER, INC.

Firm/Company

833 WEST AVENUE, APT#205

Address

MIAMI BEACH, FL 33139

City/State and Zip Code

INFO@ELI.TAX

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

For further information concerning this matter, please call:

BORIS DJURIC

Name of Contact Person

at ( 773 ) 540-4662

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**

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: PURE LIFE FILTER, INC.
2. The principal office address: 833 WEST AVENUE, APT#205  
MIAMI BEACH, FL 33139
3. The mailing address (if different): \_\_\_\_\_
4. Date of incorporation/qualification: 11/09/2016 Document number: P16000090677

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)

BORIS DJURIC

8100 BYRON AVE, APT#501

MIAMI BEACH, FL 33141

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

BORIS DJURIC

833 WEST AVENUE, APT#205

P.O. Box NOT acceptable

MIAMI BEACH, FL 33139

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

BORIS DJURIC

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

11/07/2018

Date

If signing on behalf of an entity:

BORIS DJURIC

Typed 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)

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