

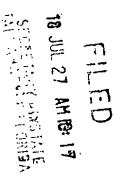
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COVER LETTER

TO: Amendment Section Division of Corporations Priority Paralegal, Inc. Name of Corporation P16000091442 DOCUMENT NUMBER: 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: Francis J Munro Name of Contact Person Priority Paralegal, Inc. Firm/Company 13990 Bartram Park Blvd #2515 Address Jacksonville, FL 32258 City/State and Zip Code frankimunro@gmail.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Francis J Munro Name of Contact Person 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	nge is submitted for a corporation	7.0502, 607.1508, or 617.1508, Florida Statu organized under the laws of the State of Flori	da	
		registered agent, or both, in the State of Floric	la.	
1. The name of	the corporation: Priority Paral	m Dark Blud, #2515		
2. The principal	office address: 13990 Bartra	TI 22250		
	Jacksonville	, FL 32256	<u></u>	
3. The mailing a	nddress (if different):			
4. Date of incor	poration/qualification: 01/01/20	Document number: P160000	91442	
	d street address of the current register rtment of State: (If resigned, enter re	ered agent and registered office on file with the esigned)	e	
	Francis J Munro			
	552 Ping PL SE			
	Palm Bay, FL 32909		JUL 27	
6. The name and (if changed):	d street address of the new registered	d agent (if changed) and /or registered office	27 AM 8: 1	
	Francis J Munro		17. 17. 17. 17. 17. 17. 17. 17. 17. 17.	
	13990 Bartram Park Blv		> "	
	Jacksonville, FL 32258	n NOT acceptable		
The street address changed will	ess of its registered office and the s	street address of the business office of its reg	istered agent,	
		opted by its board of directors or by an office en notified in writing of the change.		
Signati	Francis J Munro President Signature of an officer or director Printed or typed name and title			
I hereby accept I further agree performance of agent. Or, if th hereby confirm	the appointment as registered age to comply with the provisions of al my duties, and I am familiar with is document is being filed merely to that the corporation has been noti	nt and agree to act in this capacity. I statutes relative to the proper and complete and accept the obligation of my position as r o reflect a change in the registered office add fied in writing of this change.	; egistered dress, 1	
Alami	ina J. Huno nature of Registered Agent	07/25/2018		
Sig	nature of Registered Agent	Date		
If signing on be	half of an entity:			
	yped or Printed Name			

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO; DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314 (1272)

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