

P170000 14242

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

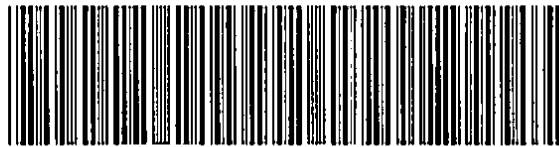
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECONDARY OFFICE
TALLAHASSEE, FLORIDA

FEB 21 2019

S. YOUNG

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: PTP Ventures inc.
Name of Corporation

DOCUMENT NUMBER: P17000014242

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:

Philip Pendas
Name of Contact Person

PTP Ventures
Firm/Company

12217 SW 132 ct
Address

Miami FL 33186
City/State and Zip Code

PTP36MIA@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Philip Pendas at (305) 502-3008
Name of Contact Person 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: PTP Ventures inc
2. The principal office address: 12217 SW 132 ct Miami FL 33186
3. The mailing address (if different): _____

4. Date of incorporation/qualification: 2/10/17 Document number: P17000014242

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)

Legalinc Corporate Services inc
5237 Summerlin commons #400
Fort Myers FL 33907

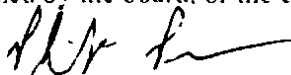
6. The name and street address of the new registered agent (if changed) and /or registered office
(if changed):

Philip Pendas
12217 SW 132 ct
P.O. Box NOT acceptable
Miami FL 33186

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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.

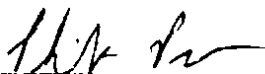


Signature of an officer or director

Philip Pendas Pres

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

2-14-18

Date

If signing on behalf of an entity:

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)