

(Re	questor's Name)	
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(Cit	ry/State/Zip/Phone	#)
PICK-UP	MAIT	MAIL
(Bu	siness Entity Nam	ne)
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(Do	cument Number)	
•	,	
Certified Copies	Certificates	of Status
	_ Octanidates	or Grands
Special Instructions to	Filing Officer:	





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R. WHITE
OCT 24 2018

2018 OCT 16 PM 3: 03
SECRETARY OF STATE

COVER LETTER

Division of Corporations

SUBJECT: Faraon 911 Cash House INC

Name of Corporation

P17000015206

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:

Name of Contact Person

Faraon 911 Cash House INC

Firm/Company

2901 SW 8TH ST STE-104

Address

Miami, FL 33135

City/State and Zip Code

faraon 911 Cashhouse@gmail.com

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

For further information concerning this matter, please call:

Hilda M. Diaz

Name of Contact Person

at (305) 642 1612

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

TO:

Amendment Section

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

statement of cha	provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this inge is submitted for a corporation organized under the laws of the State of Florida ir to change its registered office or registered agent, or both, in the State of Florida.
L. The name of	the corporation: Faraon 911 Cash House INC
2. The principal	office address: 2901 SW 8TH ST STE-104 Miami, Florida 33135
3. The mailing a	ddress (if different): 2901 SW 8TH ST STE-104 Miami, Florida 33135
4. Date of incor	poration/qualification: 02/14/2017 Document number: P17000015206
	d street address of the current registered agent and registered office on file with the timent of State: (If resigned, enter resigned)
	GARCIA, JULIAN
	2901 SW 8 STREET SUITE 104 MIAMI, FL 33135
6. The name and	I street address of the new registered agent (if changed) and /or registered officer
(if changed):	Diaz, M. Hilda
	2901 SW 8 STREET SUITE 104 MIAMI, FL 33135 P.O. Box NOT acceptable
The street addre	ess of its registered office and the street address of the business office of its registered agent, be identical.
Such change wa authorized by th	is authorized by resolution duly adopted by its board of directors or by an officer so the board of the corporation has been notified in writing of the change.
Vild	Dia Hilda M. Diaz
A Burther aoree t	the appointment as registered agent and agree to act in this capacity. o comply with the provisions of all statutes relative to the proper and complete my duties, and I am familiar with and accept the obligation of my position as registered s document is being filed merely to reflect a change in the registered office address, I that the corporation has been notified in writing of this change.
OUA	inature of Registered Agent Date
If signing on bel	half of an entity:
Ту	ped or Printed Name

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