

P1700000111194

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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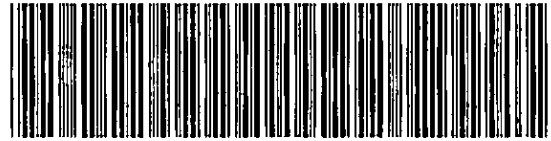
(Business Entity Name)

(Document Number)

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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Avalanche Genie
Name of Corporation

DOCUMENT NUMBER: P17000016694

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:

Danielle DeCesare Bruno

Name of Contact Person

Sunshine RA Inc

Firm/Company

1500 North Federal Highway, Suite 200B

Address

Fort Lauderdale, FL 33304

City/State and Zip Code

sunshinerainc@gmail.com

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

For further information concerning this matter, please call:

Danielle DeCesare Bruno at (954) 655-7431
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: AVALANCHE GENIE INC.
2. The principal office address: 21301 Powerline Road Ste 106
Boca Raton, FL 33433
3. The mailing address (if different): 1500 North Federal Highway, Suite 200B
Fort Lauderdale, FL 33304

4. Date of incorporation/qualification: 2/20/2017 Document number: P17000016694

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)

Stephanie Shoemaker
21301 Powerline Road Ste 106
Boca Raton, FL 33433

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

Sunshine RA Inc
1500 North Federal Highway, Suite 200B
P.O. Box NOT acceptable
Fort Lauderdale, FL 33304

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.

SShoemaker
Signature of an officer or director

Stephanie Shoemaker
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]
Signature of Registered Agent

03/22/18

Date

If signing on behalf of an entity:

Danielle DeCesare Bruno

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

2018 APR -2 AM 10:14

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