## P17000025210

(Re	questor's Name)			
(Ad	dress)			
(Ad	ldress)	<u>. — — — — — — — — — — — — — — — — — — —</u>		
(City/State/Zip/Phone #)				
PICK-UP	MAIT	MAIL		
(Business Entity Name)				
(Document Number) ,				
Certified Copies	_ Certificates	of Status		
Special Instructions to Filing Officer:				
	•			

Office Use Only



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APR 19 2017 R. WHITE

## **COVER LETTER**

TO:	Amendment Section Division of Corporations			
SUBJI	ECT: 56 Octane, Inc.  Name of Corporation			
	100206691224			
	MENT NUMBER: 100296681331			
The en	closed Statement of Change of Registered Office/Agent and fee are submitted for filing.			
Please	return all correspondence concerning this matter to the following:			
	Muhammad Arkam			
	Name of Contact Person			
	Akram & Associates PLLC			
	Firm/Company			
	201 Shannon Oaks Circle, Suite 200			
Address				
	Cary, NC 27511			
	City/State and Zip Code			
makram@aifundservices.com				
E-mail address: (to be used for future annual report notification)				
For fu	ther information concerning this matter, please call:			
Muham	mad Akram at ( 844 ) 386-3829			
	Name of Contact Person Area Code & Daytime Telephone Number			
Enclos	ed is a \$35.00 check made payable to the Department of State.			
	Mailing Address: Amendment Section Division of Corporations  Division of Corporations  Division of Corporations  Division of Corporations			
	P.O. Box 6327 Clifton Building Tallahassee, FL 32314 2661 Executive Center Circle			

Tallahassee, FL 32301

, Q STATE	MENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AC	GENT OR
e de la companya de l	BOTH FOR CORPORATIONS	
	the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida St	
	change is submitted for a corporation organized under the laws of the State of $F$ derived as the state of the change its registered office or registered agent, or both, in the State of Fl	
To all the second		oriaa.
.1. The name of	of the corporation: 56 Octane, Inc.	
2. The princip	al office address: 1111 SW 1st Ave., Apt 3324, Miami, FL 33130	<u></u>
3: The mailing	g address (if different):	
		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
4. Date of inco	prporation/qualification: 3/17/17 Document number: 10029668	1331
	nd street address of the current registered agent and registered office on file wi artment of State: (If resigned, enter resigned)	th the
	Eric Ayala	
C S	1111 SW 1st Ave., Apt 3324	
,	Miami, FL 33130	,
6. The name ar (if changed):	nd street address of the new registered agent (if changed) and /or registered of	fice
. ,	Registered Agents Inc.	
	3030 N. Rocky Point Dr. STE 150A	
	P.O. Box NOT acceptable	19 F. C.
	Tampa FL 33607	3
The street addr	ess of its registered office and the street address of the business office of it be identical.	ts registered agent,
Such change wa authorized by the	as authorized by resolution duly adopted by its board of directors or by an board, or the corporation has been notified in writing of the change.	officer so
Sein C	re of an officer or director  FRIC AYA'C  Printed or typed name and ti	A Director
I hereby accept I further agree	the appointment as registered agent and agree to act in this capacity. The comply with the provisions of all statutes relative to the proper and comply with the provisions of all statutes relative to the proper and compy duties, and I am familiar with and accept the obligation of my position is document is being filed merely to reflect a change in the registered official that the corporation has been notified in writing of this change.	mplete n as registered
Bee Him	4/12/17	•
Sigr	nature of Registered Agent Date	· ·
If signing on bel	nalf of an entity:	
Bill Havre		,
Ty	* * * 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)