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COVER LETTER

FO: Amendment Section Division of Corporations	• "	486
SUBJECT: EXCLOSIVE PLOSIVE Name of Corp	E Services	lorp.
DOCUMENT NUMBER: P170000	27015	**************************************
The enclosed Statement of Change of Registered Office/A	Agent and fee are submitted f	for filing.
Please return all correspondence concerning this matter to	the following:	
Daygng Sing Name of Conta	GNN) ct Person	
Exclosive Mo	Silp Solvice	201P
9525SW 40	<u> </u>	
Hi Q Li City/State and	Ff 33165	<u> </u>
Daylang Si'Ni 91111 C E-mail address: (to be used for futt	2 Hotreai/.	
		011)
For further information concerning this matter, please cal	l:	_
Name of Contact Person	at (<u>307</u>) <u>299</u> Area Code & Daytime T	- 70 (02 elephone Number
Enclosed is a \$35.00 check made payable to the Departm	ent 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
in order to change its registered office or registered agent, or both, in the State of Florida.
1. The name of the corporation: Exclusive Usbile Selvice Corp.
2. The principal office address: 9505 6W 40ST
Migui 4133165
3. The mailing address (if different):
4. Date of incorporation/qualification: 03/22/17 Document number: P170000 270 15
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)
Daygna Cinianni
9525 SW GOST MIQUIFF
33165
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):
VASSELL Basista ===
19525 SW YOST
Mighi H 23165
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.
Symptome of an officer or director Dugara Sinian ni President. 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.
Signatury of Registered Agent Date Date
If signing on behalf of an entity:
and the state of t
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)