P17000034707

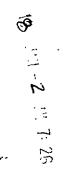
(Requ	uestor's Name)			
(Addr	ess)			
(Address)				
(City/State/Zip/Phone #)				
PICK-UP	☐ WAIT	MAIL		
(Busi	ness Entity Nar	ne)		
,	ŕ	,		
(Document Number)				
Certified Copies	Certificates	s of Status		
Special Instructions to Fi	ling Officer:			

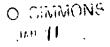




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COVER LETTER

TO: Amendment Section Division of Corporations

SUBJECT: Hushed Intensity Voice Over Inc.
Name of Corporation
DOCUMENT NUMBER: P17000034707
The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

The chelosod blatement of change of registered officer rigent and rec are such as

Please return all correspondence concerning this matter to the following:

Carol MacPherson

Name of Contact Person

Hushed Intensity Voice Over Inc.

Firm/Company

743 Whitemarsh Avenue

Address

Deltona, FL 32725

City/State and Zip Code

carolanne.macpherson@gmail.com

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

For further information concerning this matter, please call:

Carol MacPherson at (407) 607-5338

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

	<u>. </u>	617.0502, 607.1508, or 617.1508, Florida S on organized under the laws of the State of <u>F</u>	
		or registered agent, or both, in the State of F	
1. The name of	the corporation: Hushed Inte	nsity Voice Over Inc.	
2. The principal	office address: 743 Whitema	arsh Avenue, Deltona, FL 3272	25
-, pp			-
3. The mailing a	address (if different):		
4. Date of incor	poration/qualification: April 17	7, 2017 Document number: P1700	0034707
	d street address of the current regi rtment of State: (If resigned, enter	istered agent and registered office on file wir resigned)	th the
	Carol MacPherson		
	1171 Railside Way, Oa	akland, FL 34787	19
			2
6. The name an (if changed):	d street address of the new registe	ered agent (if changed) and /or registered off	ice 📜
	Carol MacPherson		: 26
	743 Whitemarsh Aven	ue, Deltona, FL 32725	
	P.O.	Box NOT acceptable	
The street addr	ess of its registered office and the libe identical.	e street address of the business office of its	registered agent,
Such change w authorized by t	as authorized by resolution duly he board, or the corporation has l	adopted by its board of directors or by an obeen notified in writing of the change.	officer so
		Carol MacPherson, Ow	
Signat	ure of an officer or director	Printed or typed name and title	
-l furthèr agrée -performance oi	to comply with the provisions of I'my duties, and I am familiar wit	gent and agree to act in this capacity, all statutes relative to the proper and com th and accept the obligation of my position y to reflect a change in the registered offica otified in writing of this change.	as registered
Can of	December 28, 2018 Signature of Registered Agent Date		
Sig	gnature of Registered Agent	Date	
If signing on bo	chalf of an entity:		
 	Typed or Printed Name	_	

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