

77000039575

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

(Business Entity Name)

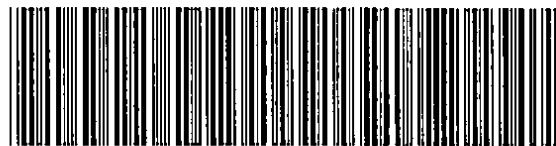
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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: FATHER305 INVESTMENT, INC

Name of Corporation

DOCUMENT NUMBER: P17000039575

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:

ADRIAN ROCHE

Name of Contact Person

FATHER305 INVESTMENT, INC

Firm/Company

5727 NW 7 ST # 116

Address

MIAMI, FL. 33126

City/State and Zip Code

adrianp1882@yahoo.com

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

For further information concerning this matter, please call:

ADRIAN ROCHE

Name of Contact Person

786 571-2135
at ()

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 MIAMI in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: FATHER305 INVESTMENTS INC
2. The principal office address: 9320 SW 46 TERRACE MIAMI, FL. 33165
3. The mailing address (if different): _____

4. Date of incorporation/qualification: 04/28/2017 Document number: P17000039575

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)

ADRIAN ROCHE

333 NE 211TH TERRACE MIAMI, FL. 33179

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

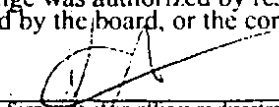
ADRIAN ROCHE

5727 NW 7 ST # 116 Miami FL, 33126

P.O. Box NOT acceptable

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.


Signature of an officer or director

ADRIAN ROCHE (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.


Signature of Registered Agent

12/26/2017

Date

If signing on behalf of an entity:

Adrian Roche

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)

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TALLAHASSEE, FLORIDA