P17000041100

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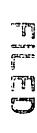


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2019 JUL -8 AMII: 3: SECRETARY OF STAT



COVER LETTER

TO: Amendment Section Division of Corporations

THE EVOLUTION LAW GROUP, P.A

Name of Corporation

DOCUMENT NUMBER: P17000041100

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:

Name of Contact Person

The Evolution Law Group, P.A

Firm/Company

2700 Glades Circle, Suite#145

Address

Weston, Florida 33327

City/State and Zip Code

Yaima@theevolutionlawgroup.com /

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

For further information concerning this matter, please call:

Kelly Arias

Name of Contact Person

at (954) 369 8093

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

statement of ch	ange is submitted for a corpora	2, 617.0502, 607.1508, or 617.1508, Florid tion organized under the laws of the State o e or registered agent, or both, in the State o	f FLORIDA	
		LUTION LAW GROUP P.A	, .	
		es Circle Suite#145, Weston F	lorida 33327	
3. The mailing	address (if different): Same			
4. Date of incor	rporation/qualification: 05/08	Document number: P170	000041100	
5. The name an		egistered agent and registered office on file	with the	
	Kelly Arias			
	7777 Davie Rd Ext, S	Suite#302B	_	
	Hollywood, Florida 3	3324	_ _	
6. The name an (if changed):		stered agent (if changed) and /or registered of	SECRET SECRET	T)
	Kelly Arias			A SERVE
	2700 Glades Circle,	Suite#145	SSEE SEE	
	Weston, Florida 3332	O. Box NOT acceptable	AMII: 33	
The street address changed will	ess of its registered office and	the street address of the business office of	- its registered agen	ıt,
Such change wa	as authorized by resolution dul	y adopted by its board of directors or by an s been notified in writing of the change.		
		Kelly Arias		
I hereby accept I further agree performance of agent. Or, if th	to comply with the provisions of my duties, and I am familiar w is document is being filed mere	Printed or typed name and agent and agree to act in this capacity. of all statutes relative to the proper and covith and accept the obligation of my position of the registered off notified in writing of this change.	emplete	
	67	07/01/2019		
If signing on be	emature of Registered Agent	Date		
Ţ	yped or Printed Name	_		

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