P170000 48891

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COVER LETTER

TO: Amendment Section Division of Corporations	
SUBJECT: REYNA Advisory Broup, INC	
DOCUMENT NUMBER: <u>P17000048891</u>	
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 Reynn Advisory Grosp, INC. Firm/Company	
9169 PARAGON WAY	
Byton Bench FL 33472 City/State and Zip Code	
E-mail address: (to be used for future annual report notification)	19 JUH 24
For further information concerning this matter, please call: See Holen at (56/) 723-7774 Name of Contact Person Area Code & Daytime Telephone See	· '
Name of Contact Person at (56/) 723-78749 Area Code & Daytime Telephone S	70 € Zumber = 5

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, statement of change is submitted for a corporation organized under the laws of the State of 47.0502.	
in order to change its registered office or registered agent, or both, in the State of Florida.	
1. The name of the corporation: Reyna Adunday Snoup, Falc.	
1. The name of the corporation: Rynn Flourdry Snoup, Fac. 2. The principal office address: 9/67 Panagan way Boynton Beach	<u>,F(3</u>
3. The mailing address (if different):	
4. Date of incorporation/qualification: $6/2/20/7$ Document number: $7/7000$	0488
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)	
UNITED STATES CORPORATION ASENTS, II	νc.
12302 WINDING OAK COURT A	
TAMPA, FC 336/2	
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):	
Joseph L. Haber	3 24 C
9169 PARAGON WAY P.O. BON NOT acceptable	
BoyMon Beach, FL 32472	12 00 22 00 25 00 00 00 00 00 00 00 00 00 00 00 00 00
The street address of its registered office and the street address of the business office of its register as changed will be identical.	Cred agent to
Such change was authorized by resolution duly adopted by its board of directors or by an officer sauthorized by the board, or the corporation has been notified in writing of the change.	
Signature of an officer or director Signature of an officer or director 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 regingent. Or, if this document is being filed merely to reflect a change in the registered office addirence hereby confirm that the corporation has been notified in writing of this change.	istered ss. I
Signature of Registered Agent Date	
If signing on behalf of an entity:	
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