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July 24, 2018

REINALDO PEREZ KALACHAIN MAKING BANDZ INC 8210 BYRON AVE. APT 17 MIAMI BEACH, FL 33141

SUBJECT: MAKING BANDZ INC Ref. Number: P17000054245

We have received your document and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

We are enclosing a computer printout which reflects the registered agent and registered office now on file with this office. Please amend your document accordingly.

The document must be signed by the chairman, any vice chairman of the board of directors, its president, or another of its officers.

The registered agent must sign accepting the designation.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Susan Tallent Regulatory Specialist II

Letter Number: 618A00015198

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SECRETANT OF TAILS

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COVER LETTER

TO: Amendment Section Division of Corporations

SUBJECT: MAKING BANDZ INC

Name of Corporation

DOCUMENT NUMBER: P17000054245

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:

REINALDO PEREZ KALACHIAN

Name of Contact Person

MAKING BANDZ INC

Firm/Company

8210 BYRON AVE. APT 17

Address

MIAMI BEACH, FL 33141

City/State and Zip Code

RENIKMAN@GMAIL.COM

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

For further information concerning this matter, please call:

REINALDO PEREZ KALACHIAN at (786) 380-7988

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

statement of cha	nge is submitted for a corporation	17.0502, 607.1508, or 617.1508, Florida . a organized under the laws of the State of _	FLORIDA		
		registered agent, or both, in the State of I	⊊lorida.		
1. The name of	he corporation: MAKING BAI	NDZ INC			
2. The principal	office address: 8210 BYRON	AVE. APT 17			
MIAMI BE	EACH, FL 33141		<u></u>		
3. The mailing a	ddress (if different):				
4. Date of incorp	poration/qualification: 06/21/20	Document number: P1700)00542	245	
	I street address of the current regis tment of State: (If resigned, enter	tered agent and registered office on file w resigned)	ith the		
	LEGALINC CORPORAT	TE SERVICES, INC			
	5237 SUMMERLIN COM	MMONS SUITE 400			
	FORT MYERS, FL 3390)7	జీ ఎగ్ర	~	
6. The name and (if changed):	street address of the new register	ed agent (if changed) and /or registered of	fice 5	AUG -	FI
	REINALDO PEREZ KAL	ACHIAN	<i>3</i> ;;;;	.~ :::	037.
	8210 BYRON AVE. APT		 	99	
		lox NOT acceptable		<u>د ،</u> بري	
	MIAMI BEACH, FL 3314	<u> </u>			
The street address changed will	ss of its registered office and the be identical.	street address of the business office of its	s register	red ag	ent,
Such change wa authorized by th	s authorized by resolution duly a e board, or the corporation has be	dopted by its board of directors or by an e een notified in writing of the change.	officer so)	
1	REINALDO PEREZ KALACHIAN PRESIDE				Τ
.,	e of an officer or difector	Printed or typed name and title			_
I hereby accept I further agree t performance of agent. Or, if thi hereby confirm	the appointment as registered ago to comply with the provisions of a my duties, and I am familiar with s document is being filed merely that the corporation has been not	ent and agree to act in this capacity. Il statutes relative to the proper and com and accept the obligation of my position to reflect a change in the registered offici ified in writing of this change.	plete as regis e addres	tered s, l	
J'a	u	08/01/2018			
Ziñ	ature of Registered Agent	Date			_
If signing on bel	nalf of an entity:				
Ту	ped or Printed Name				

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314 CR2E045 (03/12)

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