Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H19000197126 3)))



H190001971263ABC3

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number . : (850)617-6380

From:

Account Name : PARASEC

Account Number : I20180000086

Phone

: (916)576-7000

Fax Number

: (800)603-5868

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address:

REGISTERED AGENT CHANGE FESTIVE FLOWER INC

Estimated Charge	\$35.00
Page Count	01
Certificate of Status Certified Copy	0

JUN 2 7 2019

छ

Electronic Filing Menu

Corporate Filing Menu

Help

CR2E045 (03/12)

## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

statement of char	provisions of sections 607.0502, 617.0502 nge is submitted for a corporation organi to change its registered office or register	ed under the laws	of the State of Florida	is 
1. The name of the	ne corporation: FESTIVE FLOWER	RINC		
	office address: 770 Claughton Island C	ı	L 33131	
3. The mailing a	ddress (if different):			
4. Date of incorp	oration/qualification: 07/06/2017	Document nu	mber: P1700005770	0
5. The name and	street address of the current registered ag tracent of State: (If resigned, enter resigned	ent and registered o		
•	LEGALINC CORPORATE SE			
	5237 SUMMERLIN COMMON	NS BLVD STE	400	: <b>-</b>
	FORT MYERS FL 33907			
6. The name and (if changed):	street address of the new registered agen	t (if changed) and /	or registered office	JUN 26
	ROCKET LAWYER CORPC	RATE SERV	ICES LLC	A A
	155 OFFICE PLAZA DRIVE,			<u>9.</u>
	TALLAHASSEE FL 32301	acceptable		25 (D)
The street addre	ss of its registered office and the street a be identical.	iddress of the busin	less office of its registered	d agent,
	s authorized by resolution duly adopted a board, or the corporation has been not			
DIEgo 1	A Alvares & R	Diego Alejandro	Alvarez Restrepo, Pres	ident
_	the appointment as registered agent and o comply with the provisions of all statumy duties, and I am familiar with and go s document is being filed merely to reflect the corporation has been natified in		types name and unic is capacity, proper and complete n of my position as registe registered office address,	ered I
Alena	Abol Santag	03/27/2019		
' Sign	inture of Registered Agent		Date	
If signing on bel	·			
	ER CORPORATE SERVICES LLC			
•	* * * FILING FEI	E: \$35.00 * * *	Ì	
MA	MAKE CHECKS PAYABLE TO FLOR BIL TO: DIVISION OF CORPORATIONS, P.C	RIDA DEPARTMENT	 rof State  Ahassee, FL 32314	

4190001971263