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COVER LETTER

TO: Amendment Section Division of Corporations
SUBJECT: HTRP Group, Inc. Name of Corporation
DOCUMENT NUMBER: <u>\$17000064431</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:
Ruth E Perez Name of Contact Person
Firm/Company
4563 Suriper Grand Loop #315
Casselberry FL 32707 City State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Ruth Elerez Name of Contact Person at (954) 599-6291 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 Street Address: Amendment Section Division of Corporations

Clifton Building

Tallahassee, FL 32301

2661 Executive Center Circle

P.O. Box 6327

Tallahassee, FL 32314

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

statement of chan	ge is submitted for a corpor	22, 617.0502, 607.1508, or 617.1508, Florida Statutes, this ation organized under the laws of the State of <u>Florida</u> ce or registered agent, or both, in the State of Florida.
1. The name of the	e corporation: ++5R	P Group Inc
2. The principal o	ffice address: <u>8004</u>	Mandarin Dr. Orlande FL 32810
3. The mailing add	dress (if different): <u>456</u>	3 Suniper Grand Loop #215
	Cas	selberry, FL 32707
4. Date of incorpo	oration/qualification: $8/$	1/2017 Document number: 9170000 6443
	street address of the current ament of State: (If resigned, e	registered agent and registered office on file with the nter resigned)
_	Henry M	iguel Dodriquez
	<u>8004 No</u>	indarin Dr
_	Orlando,	FL 32819
6. The name and s (if changed):	street address of the new reg	istered agent (if changed) and /or registered office:
_	Alberto	Meniz Finesh
_	8004 9	Landarin Dr. P.O. Hox NOT acceptable
_	Orland	o, FC 328i9
The street address as changed will be	s of its registered office and e identical.	the street address of the business office of its registered agent,
Such change was authorized by the	authorized by resolution duboard, or the corporation h	aly adopted by its board of directors or by an officer so as been notified in writing of the change.
Resignature	of an officer or director	Ruth E Perez - President
I hereby accept th I further agree to performance of m agent. Or, if this hereby confirm th	ne appointment as registere comply with the provisions y duties, and I am familiar document is being filed me at the corporation has been	d agent and agree to act in this capacity. of all statutes relative to the proper and complete with and accept the obligation of my position as registered rely to reflect a change in the registered office address, I notified in writing of this change.
albei	to M_	3127/19
Signat	ture of Registered Agent	Date
If signing on beha	alf of an entity:	
Alberto		
Турс	ed 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 * * *

STATEMENT OF FACTS
Ruth Elerez President
Name Title Social Security
Number 45RP Group, Inc Document # P170000 954-599-6091 Name of corporation Phone
I. Ruth E Rerez hereby make the following statement:
HJRP Group, Inc was filled on July 312+ 2017 and effective
on August 1st 2017. At that time, Henry Miguel Rochique?
was my husband and the registered agent for the
corporation. Mr Henry M. Rodriguez and I got divorced on
boxember 9th, 2018 and he is no longer authorized to
make any changes on my behalf. Attached is the
request for the new registered agent.
I swear (or affirm) that the information in the statement above and on the 3 attached page(s) is true to the best of my knowledge or belief.
Ruth & Reg 3/27/19
(Officer/President Signature) (Date)
STATE OF FLORIDA
COUNTY OF SCHMITCH
The foregoing instrument was acknowledged before me this MOVON 21,201 (date) by KUTTO PEVEZ (state) corporation, on
behalf of the corporation. He/she is personally known to me or has produced (type of identification) as identification.
Notary Public's signature
Printed Name: Stefalle (-ell)
My Commission Expires: <u>L/r 13 7.07 0</u>
Stamp:
STEFANIE L CELLI
MY COMMISSION # GG001720 EXPIRES June 13, 2020
EXPIRES June 13, 2020