P1700065692

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(Requestor's Name)	
(Address)	
(Address)	
(City/State/Zip/Phone #)	
(Business Entity Name)	
(Document Number)	
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COV	ER LETTER
TO: Amendment Section Division of Corporations	ER LETTER
SUBJECT: (hitis not Mattress Nam	Corporation .
DOCUMENT NUMBER: PID DOCOL	5692
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:
Martine P Name	D. LL D. / d of Contact Person
Christier Detter	
7460 172/02	
Mursite, Fl 3 City/s	
E-mail address: (to be used	9 GNG. 1. (7) I for future annual report notification)
For further information concerning this matter, p	please call:
Name of Contact Person	at (<u>A34</u>) <u>265-13/4</u> Area Code & Daytime Telephone Number
Enclosed is a \$35.00 check made payable to the I	Department of State.
<u>Mailing Address:</u> Amendment Section Division of Corporatio P.O. Box 6327 Tallahassee, FL 32314	Clifton Building
CR2E045 (03/12)	

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

1. The name of the corporation: Chis rec Tett Ress (2r?		
2. The principal office address: 7460 Rolke Pelin Bluck		
Musete, Fl 33:43		
3. The mailing address (if different): 23281 Borlake Dave		
Bra Ratin Fl 33-133		
4. Date of incorporation/qualification: 8/3/17 Document number: P17000065692		
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) <u>Christophic LLAC</u>		
7460 Royar Palm Bluer		
Margater Fl 33063		
6. The name and street address of the new registered agent (if changed) and /or registered office		
7460 ROYAL PAIM BIVD		
Marghte, FL 3.30103		

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

1992 terty 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 registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.

gnature of Registered Ageni

If signing on behalf of an entity:

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 CR2E045 (03/12)