

P170000074893

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

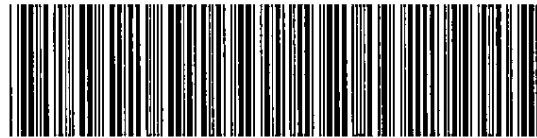
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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ALBRITTON

## COVER LETTER

TO: Amendment Section  
Division of Corporations

SUBJECT: INDONY INC.  
Name of Corporation

DOCUMENT NUMBER: P170000074893

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:

DERREN JOSEPH

Name of Contact Person

INDONY INC.  
Firm/Company

20801 BISCAYNE BLVD, Suite 403  
Address

MIAMI FLORIDA 33180  
City/State and Zip Code

DERREN@ADVANCEDAMERICAN.TAX.COM  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

DERREN JOSEPH at (305) 517 7991  
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**

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of FLORIDA in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: INDONY INC.  
2. The principal office address: C/O DERREN JOSEPH  
20801 BISCAYNE BLVD, Suite 403, Miami FL 33180  
3. The mailing address (if different): \_\_\_\_\_

4. Date of incorporation/qualification: 9/13/2017 Document number: P17 000074893

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)

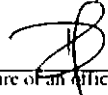
BUSINESS FILINGS INCORPORATED  
MARK WILLIAMS, 8020 EXCELSIOR DRIVE  
Suite 200, Madison, WI 53717

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

DERREN JOSEPH  
20801 BISCAYNE BLVD, Suite 403  
P.O. Box NOT acceptable  
Miami FL 33180


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.

  
Signature of an officer or director

DERREN JOSEPH,  
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.*

  
Signature of Registered Agent

10/26/2017  
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

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