P17000079746

(Requestor's Name)

(Address)

(Address)

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TALLAHASSEE, FLORIDA

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: A SQUARED INVESTMENTS, INC.
Name of Corporation

DOCUMENT NUMBER: P17000079740

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:

AARON ALLEN
Name of Contact Person

A SQUARED INESTMENTS INC
Firm/Company

1407 LENTON ROSE COURT
Address

TRINITY, FL 34655
City/State and Zip Code

AARON.ALLEN1221@GMAIL.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

AARON ALLEN at (501) 207-1277
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: A SQUARED INVESTMENTS INC
2. The principal office address: 1407 LENTON ROSE COURT
   TRINITY, FL 34655
3. The mailing address (if different): (SAME AS ABOVE)
4. Date of incorporation/qualification: 10/3/2017 Document number: P17000079740
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)

   LEGALINC CORPORATE SERVICES INC
   5237 SUMMERLIN COMMONS BLVD, SUITE 400
   FORT MYERS, FL 33907

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

   AARON ALLEN
   1407 LENTON ROSE COURT
   P.O. Box NOT acceptable
   TRINITY, FL 34655

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18 JAN 31 PM 3: 19
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TALLAHASSEE, FLORIDA

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

AARON ALLEN, PRESIDENT
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

12/26/18
Date

If signing on behalf of an entity:

AARON ALLEN
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

CR2E045 (03/12)