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Division of Corporations

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From:

Account Name : CORPORATE CREATIONS INTERNATIONAL INC

Account Number : 110432003053

Phone : (561)694-8107

Fax Number

: (561)694-1639

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

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REGISTERED AGENT CHANGE AMVENTCO INC.

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Help

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

	ne provisions of sections 607.0502, 617.0502, 60 hange is submitted for a corporation organized			_	
in ord	der to change its registered office or registered	agent, or both, in the State of Florid	a.		
	of the corporation: AMVENTCO INC.				
2. The principa	al office address: 1201 HAYS STREE	T, TALLAHASSEE, FL	32301		
3. The mailing	g address (if different): 40 Bradbourne Pa	rk Road, Sevenoaks, Kent	TN133I	LG G	B B
4. Date of inco	orporation/qualification: 11/13/2017	Document number: P1700009	90769		_
5. The name at Florida Depa	nd street address of the current registered agent partment of State: (If resigned, enter resigned)	and registered office on file with the	;		
	CORPORATION SERVICE C	OMPANY			
	1201 HAYS STREET		至组	19	
	TALLAHASSEE, FL 32301		<u>新</u>	0001	
6. The name an (if changed):	nd street address of the new registered agent (if	changed) and /or registered office	LLAHASSEE, FLORID	29 PH	FILED
	Corporate Creations Network	Inc.	£1.	¥.	_
	11380 Prosperity Farms Road	#221E	II)A	<u>+</u> -	
	P.O. Box NOT accept				
	Palm Beach Gardens, FL 334	10			
The street addr as changed wil	ress of its registered office and the street addre ll be identical.	ess of the business office of its regis	stered ages	Ω t ,	
Such change wanthorized by t	vas authorized by resolution duly adopted by it the board, or the corporation has been notified	ts board of directors or by an officer in writing of the change.	r so		
Sign	R)	yan Sullivan, Attorney-In	-Fact		
I hereby accept I fwther agree performance of agent. Or, if th hereby confirm	of the appointment as registered agent and agr to comply with the provisions of all statutes r of my duties, and I am familiar with and accept his document is being filed merely to reflect a n that the corporation has been notified in writ	ree to act in this capacity. The clative to the proper and complete the obligation of my position as re	gistered ress, I		
1/2	10	0/29/2019			
Sig	guardre of Registered Agent	Date		•	
If signing on be	ehalf of an entity:				
Rvan Sulli	ivan, Special Secretary				

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 * * *

Typed or Printed Name