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(Requestor's Name)
(,
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PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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Special Instructions to Filing Officer:

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I ALBRITTON



2804 Gateway Oaks Drive #100 Sacramento, CA 95833

Phone (800)533-7272 Fax (800)603-5868

REFERENCE # MUST BE ON INVOICE TO BE PAID

NUMBER PAGES:

Date: February 28, 2019

AE: Jody Moua

TO:

Registration Section Division of

H1039 REFERE

REFERENCE: 1279921

Corporations

CLIFTON BUILDING

2661 EXECUTIVE CENTER CIRCLE

TALLAHASSEE, FL 32301

FAX:

PLEASE PERFORM THE FOLLOWING:

MALYSZKO ENTERPRISES INC.

Change of Registered Agent

IN: FL

SPECIAL INSTRUCTIONS:

PLEASE RETURN: Regular Mail

PLEASE CALL (800)533-7272 ATTN: Cori Ann Crosthwaite TO CONFIRM FILING RESULTS

RETURN TO: PARASEC - 2804 GATEWAY OAKS DRIVE #100 SACRAMENTO, CA 95833

CALL IMMEDIATELY IF YOU HAVE ANY QUESTIONS OR THE DEADLINE WILL NOT BE MET (800)533-7272

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

statement of ch	ange is submitt	ections 607.050 ed for a corpora registered offic	ition organized	under the laws	of the State of	FLORI	DA
I. The name of	the corporation	:MALYSZK	O ENTERPR	ISES INC	•		
2. The principa	l office address	2840 НОР	E ST SARA	SOTA, FL	34231		
3. The mailing	address (if diffe	erent):					
4. Date of incor	poration/qualif	ication: 02/0)5/2018	Document nu	mber:P180	000124	149
		of the current re (If resigned, en		and registered	office on file w	ith the	
	LEGALIN	C CORPORA	re servici	ES INC			
	5237 SU	MMERLIN CO	OMMONS BL	/D, SUITE	400		
	FORT ME	YERS, FL 3	33907			-1.13	701
6. The name and (if changed):		of the new regis	_	-	-	fice	19 9- 23116102
	1	.55 Office P				-	ڥ
		r. ,Tallahassee	O. Box NOT accepts	Die		.:	8
	ess of its regist be identical.	ered office and to y resolution dul deorporation ha	the street addre				i agent,
(Room	(iv/	(bel		USSICA .	Scholl		
hereby accept further agree to performance of agent. Or, if this areby confirm i	the appointment of a comply with my duties, and s document is that the corpor	nt as registered the provisions of I am familiar w being filed mere ation has been i	agent and agre of all statutes re of alt statutes re of the status of the status of the status of th	e to act in this lative to the pr the obligation hange in the ra ng of this chan	capacity. roper and composition registered office	plete as register address,	red I
A He gr	diture of Registered	Ageni		2.28	2019 Date		
f signing on bel							
Leticia He	·		_				
ıy	ben or i rimen Matti	•					

Make checks payable to Florida Department of State Mail to: Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

* * * FILING FEE: \$35.00 * * *