

(Requestor's Name)
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



800325076368

02/25/19--01017--013 **35.00

WIN FIG 25 P 40 00

FEB 28 30 T. LEWIEUX

COVER LETTER

Amendment Section Division of Corporations

TO:

SUBJECT: BASIUM INC Name of Corporation		
DOCUMENT NUMBER: <u>P18000018373</u>		
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:		
σ		
Kabir Frutos Name of Contact Person		
Kabir Capital LLC Firm/Company		
1200 Brickell Ave, Ste 800		
Miami, FL 33131 City/State and Zip Code		
E-mail address: (to be used for future annual report notification)		
For further information concerning this matter, please call:		
Kabir Frutos at (786) 233 0132 Name of Contact Person Area Code & Daytime Telephone Number		
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, the 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: Basium Inc	
2. The principal office address: 1200 Brickell Ave Ste 800 Miami, FL 3313	51
3. The mailing address (if different):	
4. Date of incorporation/qualification: 02123118 Document number: P1000018	373
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)	
LEGALING CORPORATE SERVICES INC.	
5237 Summerlin Commons suite 400	
Fort Myers, FL 33907 For B	
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):	
1200 Brickell Ave Ste 800 P.O. Box NOT acceptable Miami, FL 33131)
The street address of its registered office and the street address of the business office of its registered as changed will be identical.	d agent.
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 marticer or director ELISABET WRIA PISOBIT Printed or typed name and little	
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 registe agent. Or, if this document is being filed merely to reflect a change in the registered office address, hereby confirm that the corporation has been notified in writing of this change.	rred I
Signature of Reentered Agent Date	
If signing on behalf of an entity:	
LABIR FRUOS BRONCHYE	

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