

P18000021963

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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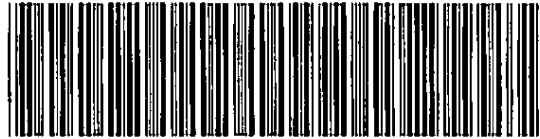
(Business Entity Name)

(Document Number)

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STATE OF FLORIDA
TALLAHASSEE, FL

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: MAJORCA STYLE INC.
Name of Corporation

DOCUMENT NUMBER: P18000021963

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:

KENNETH EDWARD RIVARD

Name of Contact Person

MAJORCA STYLE INC.

Firm/Company

6430 MORGAN LA FEE LANE

Address

FORT MYERS, FL US. 33912

City/State and Zip Code

INFO@MAJORCASTYLE.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

KENNETH EDWARD RIVARD

239 470-6484

Name of Contact Person

at () 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: MAJORCA STYLE INC.
2. The principal office address: 6430 MORGAN LA FEE LANE
FORT MYERS, FL US. 33912
3. The mailing address (if different): _____
4. Date of incorporation/qualification: MARCH 06, 2018 Document number: P18000021963

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)

UNITED STATES CORPORATION AGENTS, INC.

13302 WINDING OAK COURT A

TAMPA, FL 33612

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

KENNETH EDWARD RIVARD

6430 MORGAN LA FEE LANE

P.O. Box NOT acceptable

FORT MYERS, FL US. 33912

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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.

K Rivard

Signature of an officer or director

KENNETH EDWARD RIVARD

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.

K Rivard

Signature of Registered Agent

MARCH 06, 2019

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