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COVER LETTER

TO: Amendment Section Division of Corporations

SUBJECT: STACKS BROKERAGE CORP

Name of Corporation

P18000023681

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:

TAYLOR STACKS

Name of Contact Person

STACKS BROKERAGE CORP

Firm/Company

710 E HILLSBORO BLVD STE 100

Address

DEERFIELD BEACH, FL. 33441

City/State and Zip Code

TAYLOR@STACKSBROKERAGE.COM

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

For further information concerning this matter, please call:

TAYLOR STACKS

,754 (2

212- 4459

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

statement of cha	provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this ingestions of submitted for a corporation organized under the laws of the State of FLORIDA in the State of Florida.
1. The name of (he corporation: STACKS BROKERAGE CORP office address: 710 E HILLSOBORO BLVD STE 100 DEERFIELD BCH, FLORIDA 33441
2. The principal	office address:
3. The mailing a	ddress (if different):
4. Date of incorp	poration/qualification: 03/09/2018 Document number: P18000023681
5. The name and	I street address of the current registered agent and registered office on file with the timent of State: (If resigned, enter resigned) TOY/OVT STOCK
	3010 NE 12TH TERRACEPOMPANO BEACH, FL 33064
	S 6
6. The name and (if changed):	I street address of the new registered agent (if changed) and /or registered office of the control of the contr
	P.O. Box. NOT acceptable
The street address changed will	ess of its registered office and the street address of the business office of its registered agent, be identical.
Such change wa authorized by th	is authorized by resolution duly adopted by its board of directors or by an officer so he board, or the corporation has been notified in writing of the change.
Signatu	it of an officer or director Printed or typed name and title
I hereby accept I further agree performance of agent. Or, if th hereby confirm	the appointment as registered agent and agree to act in this capacity. to comply with the provisions of all statutes relative to the proper and complete my duties, and I am familiar with and accept the obligation of my position as registered is document is being filed merely to reflect a change in the registered office address, I that the corporation has been notified in writing of this change.
Sig	106-03-3019 Date
	half of an entity:
т	sped 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)

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