P13000030935

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COVER LETTER

TO:	Amendment Section Division of Corporations					
SUBJ	Add Registered Agent ECT:					
	Name of Corporation					
DOC	P18000030935 UMENT NUMBER:					
The e	iclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.					
	return all correspondence concerning this matter to the following:					
	Christina Gifford					
Name of Contact Person						
	MOONFYRE, INC					
Firm/Company						
3163 Banyan Street						
	Address					
	Stuart, FL 34997					
City/State and Zip Code						
	firewaterwitch@yahoo.com					
	E-mail address: (to be used for future annual report notification)					
For fu	rther information concerning this matter, please call:					
Christ	ina Gifford 772 486-8162					
	Name of Contact Person at () Area Code & Daytime Telephone Number					
Enclo	sed is a \$35.00 check made payable to the Department of State.					
	Mailing Address:Street Address:Amendment SectionAmendment SectionDivision of CorporationsDivision of Corporations					
	P.O. Box 6327 Clifton Building					
	Tallahaceae El 32314 2661 Evecutive Center Circle					

Tallahassee, FL 32301

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

statement of cha	nge is submitted for a corporation	517.0502, 607.1508 , or 617.1508 , Florida in organized under the laws of the State of pregistered agent, or both, in the State of 1	Florida
1. The name of t	he corporation: MOONFYRE, INC		
	office address: 2885 US-1, Stuart,	FL 34994	
3. The mailing a	ddress (if different): 3163 SE Ban	yan Street, Stuart, FL 34997	
4. Date of incorp	poration/qualification: 04/01/2018	Document number: P180000	30935
	street address of the current register. I street address of the current register.	stered agent and registered office on file w resigned)	ith the
	Christina Gifford		
	3163 SE Banyan Street		
	Stuart, FL 34997		
6. The name and (if changed):	street address of the new register	red agent (if changed) and /or registered of	fice NOV
	Stacy Ellis		25
	3163 SE Banyan Street		U : :
	P.O. I Stuart, FL 34997	Box NOT acceptable	işi W
as changed will	ess of its registered office and the be identical.	e street address of the business office of it	
Such change wa authorized by th	s authorized by resolution duly a se board, or the corporation has b	adopted by its board of directors or by an een notified in writing of the change.	officer so
_ Orestn	1 W/ 90 (1)	Christina Gifford - President Printed or typed name and tit	
I hereby accept I further agree t performance of agent. Or/if the	o comply with the provisions of a my daties, and I am familiar with	gent and agree to act in this capacity. all statutes relative to the proper and con h and accept the obligation of my position to reflect a change in the registered offic	iplete i as registered
7		11/15/2018	
V	nature of Registered Agent	Date	
If signing on be	half of an entity:		
Stacy Ellis	ped or Printed Name		
4.3	pro o rimited traine		

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