

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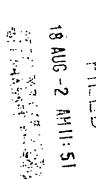
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## **COVER LETTER**

Division of Corporations				
STUDIO DRIAR INC				
SUBJECT: Name of Co	rporation			
P18000043159	•			
DOCUMENT NUMBER:				
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:			
ADRIANA GREZDA				
Name of Cont	act Person			
STUDIO DRIAR INC				
Firm/Con	npany			
2036 PALM VISTA DR				
Addre	rss			
APOPKA FL 32712				
City/State and Zip Code				
TERANA.G@GMAIL.COM				
E-mail address: (to be used for fut	ure annual report notification)			
For further information concerning this matter, please ca	dl:			
ADRIANA GREZDA	321 444-7394			
Name of Contact Person	at () Area Code & Daytime Telephone Number			
Enclosed is a \$35.00 check made payable to the Departn	nent of State.			
Mailing Address: Amendment Section	Street Address: Amendment Section			
Division of Corporations	Division of Corporations			
P.O. Box 6327	Clifton Building			
Tallahassee, FL 32314	2661 Executive Center Circle Tallahassee, FL 32301			

TO: Amendment Section

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

statement of cha	provisions of sections 607,0502, 61 inge is submitted for a corporation i r to change its registered office or i	organized under the laws o	the State of FLORIDA
1. The name of t	2036 PALM VIS		
2. The principal APOPKA			
3. The mailing a	ddress (if different):		
4. Date of incom	ooration/qualification:	8 Document num	P18000043159
	I street address of the current registe tment of State: (If resigned, enter re		fice on file with the
	4699 NORTH STATE RD 7	#B1	
	TAMARAC FL 33319		AUG - 2
			registered office
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):			
	2036 PALM VISTA DRIVE		
	APOPKA FL 32712 P.O. Bo	x NOT acceptable	·
The street addre	ss of its registered office and the s	treet address of the busines	ss office of its registered agent.
Such change wa	s authorized by resolution duly add e board, or the corporation has bee	onted by its board of direct	ors or by an officer so
Signatur	col de project or director	FATOS DEGA	Ped name and title
i juriner agree is performance of a gent. Or, if thi	the appointment as registered ager o comply with the provisions of all my dufties, and I am familiar with a s document is being filed merely to that the corporation has been notif	statutes relative to the pround accept the obligation of reflect a change in the re	pper and complete f mv position as registered vistered office address. I
Sign	ature of Registered Agent	<del>-</del>	Date
If signing on bel	nalf of an entity:		
	ped or Printed Name		

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