



FLORIDA DEPARTMENT OF STATE
Division of Corporations

December 17, 2018

LORNA ARMSTRORY
101 NW 204 STREET
MIAMI, FL 33169

SUBJECT: ADVERGAMES INC
Ref. Number: P18000066096

We have received your document for ADVERGAMES INC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

If the corporation is a **PROFIT** corporation it must be signed by a director, president or other officer - if directors or officers have not been selected, by an incorporator - if in the hands of a receiver, trustee, or other court appointed fiduciary, by that fiduciary.

If the corporation is a **NOT FOR PROFIT** corporation it must be signed by the chairman or vice chairman of the board, president or other officer - if directors have not been selected, by an incorporator - if in the hands of a receiver, trustee, or other court appointed fiduciary, by that fiduciary.

The name and title of the person signing the document must be noted beneath or opposite the signature.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Shelia H. Young
Regulatory Specialist II

Letter Number: 718A00025828

RECEIVED

119 JAN 11 AM 10:57

SECRET
ALL INFORMATION CONTAINED
HEREIN IS UNCLASSIFIED

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: ADVER GAMES INC
Name of Corporation

DOCUMENT NUMBER: P18000066496

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:

Lorna Armstrong
Name of Contact Person

Firm/Company

101 NW 204 ST.
Address

miami FL 33169
City/State and Zip Code

NORAL1234@cschoo.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Lorna Armstrong at (954) 226-1475
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, this statement of change is submitted for a corporation organized under the laws of the State of FL in order to change its registered office or registered agent, or both, in the State of Florida.

- 1. The name of the corporation: ADVERGAMES INC
- 2. The principal office address: 1680 MICHIGAN AVE, SUITE 700
MIAMI BEACH, FL 33139
- 3. The mailing address (if different): _____
- 4. Date of incorporation/qualification: 8/16/2018 Document number: P18004066496
- 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)

RESIGNED

 REGISTERED AGENTS INC. _____

 3030 N. ROCKY POINT DR. _____

 STE 150A _____

 TAMPA, FL 33607 _____

19 JAN 11 PM 6:06
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA
 FILED

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

Lorna Armstrong

101 NW 204 ST MIAMI FL

 P.O. Box NOT acceptable

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.

LITTLETON WALKER

 Signature of an officer or director

LITTLETON WALKER, PRESIDENT

 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.

[Signature]

 Signature of Registered Agent

11/28/2018

 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