

P18000678778

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

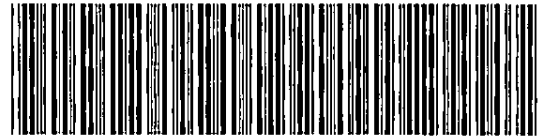
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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TALLAHASSEE, FLORIDA

2018 DEC 20 PM 1:43

FILED

DEC 28 2018

T. LEMIEUX

Handwritten signature/initials

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: RESTOPRO770 INC.

Name of Corporation

DOCUMENT NUMBER: P18000078778

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:

ASTRID SEBAG

Name of Contact Person

RESTOPRO770 INC.

Firm/Company

306 LAKE CREST CT

Address

WESTON, FL 33326

City/State and Zip Code

lsebag1@gmail.com

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

For further information concerning this matter, please call:

ASTRID SEBAG

Name of Contact Person

at (561) 479-6321

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

November 30, 2018

ASTRID SEBAG
306 LAKE CREST CT
WESTON, FL 33326

SUBJECT: RESTOPRO770 INC.
Ref. Number: P18000078778

We have received your document for RESTOPRO770 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):

You failed to make the correction(s) requested in our previous letter.

The registered agent must sign accepting the designation.

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.

Tracy L Lemieux
Regulatory Specialist II

Letter Number: 418A00024505

RECEIVED

2018 DEC 20 AM 11:31

SECRETARY OF STATE
TALLAHASSEE, FL

www.sunbiz.org

Division of Corporations - P.O. BOX 6327 -Tallahassee, Florida 32314

**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: RESTOPRO770 INC.
2. The principal office address: 5641 ORANGE DR., DAVIE, FL 33312
3. The mailing address (if different): 306 LAKE CREST CT, WESTON, FL 33326

4. Date of incorporation/qualification: 09/18/18 Document number: P18000078778

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)

MOSHE BEN ADIVA

3235 MAPLE LANE

DAVIE, FL 33328

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

ASTRID SEBAG

306 LAKE CREST CT

P.O. Box NOT acceptable

WESTON, FL 33326

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:



Signature of an officer or director

ASTRID SEBAG

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 of Registered Agent

9/21/18

Date

If signing on behalf of an entity:

ASTRID SEBAG

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

CR2E045 (03/12)