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| (Red | questor's Name) | |
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| (City | y/State/Zip/Phone i | #) |
| PICK-UP | WAIT | MAIL |
| (Bu | siness Entity Name | e) |
| (Do | cument Number) | |
| Certified Copies | _ Certificates o | of Status |
| Special Instructions to Filing Officer: | | |
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Office Use Only



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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 so the name of the corporation: FXIST ACTIVE Wear & Apparel, The |
| 2. The principal office address: 7380 SW 107 Ave #1211 MIRMIT FI 33173 |
| 3. The mailing address (if different): SIME |
| 4. Date of incorporation/qualification: 10/25/2018 Document number: P180008917.3 |
| 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 |
| SECRE IA TALL AHA |
| 6. The name and street address of the new registered agent (if changed) and /or registered office (if changed): |
| Yesenia Cashllo # 1211 |
| 7380 SW 101 AVE P.O. Box NOT acceptable MIAMI H 33173 |
| 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 art officer or director Signature of art officer or director Signature of art officer or director |
| I hereby accept the appointment as registered agent and agree to act in this capacity. I hereby accept the appointment as registered agent and agree to act in this capacity. I hereby accept the appointment as registered agent and agree to the proper and complete. I further agree to comply with the provisions of all statutes relative to the proper and complete. I further agree to comply with the provisions of all statutes relative to the proper and complete as registered performance of my duties, and I am familiar with and accept the obligation of my position as registered performance of my duties, and I am familiar with and accept the obligation of my position as registered 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 agent. Or, if this document is being filed merely to reflect a change in the registered office address. I agent. Or, if this document is being filed merely to reflect a change in the registered office address. I agent. Or, if this document is being filed merely to reflect a change in the registered office address. |
| Signature of Registered Agent 12/20/19 Date |
| it 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

CR2E045 (03/12)