## P190000 11306

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## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

ıne	Circle GDFO Inc	
SUBJECT:		
	Name of Corp	oration
	P19000011306	
DOCUMENT N	UMBER:	
The enclosed Stat	ement of Change of Registered Office/A	gent and fee are submitted for filing.
Please return all c	orrespondence concerning this matter to	the following:
	Justine Goubert	
	Name of Contact The Circle GDFO Inc.	et Person
	7900 Oak Lane, Suite 400	any
	Addres Miami Lakes, FL 33016	S
	City/State and 2	Zip Code
	jgoubert@thecirclebeyond.com	
	E-mail address: (to be used for futu	re annual report notification)
For further inform Justine Goube		954 681-7128
Na	ame of Contact Person	at () Area Code & Daytime Telephone Number
Enclosed is a \$35.	.00 check made payable to the Departme	ent of State.
	Mailing Address: Amendment Section Division of Corporations	Street Address: Amendment Section Division of Corporations

Clifton Building

Tallahassee, FL 32301

2661 Executive Center Circle

P.O. Box 6327

Tallahassee, FL 32314

ROTH	EUD	COD	PARA	ATIONS
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statement of char	rovisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this age 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 th	The Circle GDFO inc.
2. The principal of	7900 Oak Lane Suite 400, Miami Lakes FL 33016 office address:
3. The mailing ac	ldress (if different):
4. Date of incorp	oration/qualification: 02/01/2019 Document number: P19000011306
5. The name and	street address of the current registered agent and registered office on file with the ment of State: (If resigned, enter resigned)
	Marc Duthoit
	13721 NW 18TH STREET
	PEMBROKE PINES, FL 33028
6. The name and (if changed):	street address of the new registered agent (if changed) and /or registered office
	Marc Duthoit
	7900 Oak Lane suite 400
	Miami Lakes, FL 33016
The street address changed will	ss of its registered office and the street address of the business office of its registered agent, be identical.
Such change was authorized by the	s authorized by resolution duly adopted by its board of directors or by an officer so e board, or the corporation has been notified in writing of the change.
Signatur	e of an office of typed name and title
I further agree to performance of t agent. Or, if this	the appointment as registered agent and agree to act in this capacity. The comply with the provisions of all statutes relative to the proper and complete my duties, and I am familiar with and accept the obligation of my position as registered as document is being filed merely to reflect a change in the registered office address, I that the corporation has been notified in writing of this change.
	ature of Registerio Agent S/89/80/19
Sign	alure of Registred Agent Date
If signing on bel	alf of an entity:
Ту	ped or Printed Name

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

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