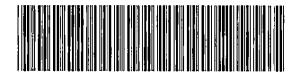
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PICK-UP WAIT MAIL		
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DIVISION OF CORPORATIONS

TALLAHASSEE, FLORIDA



CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301

Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 761547 82

AUTHORIZATION :

COST LIMIT : \$3300

ORDER DATE : May 13, 2019

ORDER TIME : 12:55 PM

ORDER NO. : 761547-001

CUSTOMER NO: 8270949

CHANGE OF AGENT

NAME: COSTA UNIVERSAL INC.

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY
XX PLAIN STAMPED COPY

CONTACT PERSON: Roxanne Turner -- EXT#

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

statement of cha	mge is submitted for a corporal	2. 617.0502, 607.1508, or 617.1508, Florida Statutes, this tion organized under the laws of the State of Florida
1. The name of	the corporation: COSTA UNI	
2. The principal	office address: 14120 Harpers	
3. The mailing a		
4. Date of incorp	poration/qualification; 04/29/20	019 Document number: P19000037750
	d street address of the current returnent of State: (If resigned, en	egistered agent and registered office on file with the ter resigned)
	Christian S. Costa	~ :
	14120 Harpers Ferry St	文· 基 、 基 、 基
	Davie, FL 33325	
6. The name and (if changed):	street address of the new regis	stered agent (if changed) and /or registered office
	Corporation Service Compan	y to the second
	1201 Hays Street	
P.O. Box NOT acceptable		
	Tallahassee	FL 32301
The street address changed will	ess of its registered office and the identical.	the street address of the business office of its registered agent,
Such change was authorized by the	yauthorized by resolution dul board, or the corporation has	y adopted by its board of directors or by an officer so s been notified in writing of the change.
Juite	<u> </u>	Christian S. Costa, President
I hereby accept I further agree to performance of agent. Or, if the hereby confirm Corporation	o comply with the provisions of my duties, and I am familiar w	Printed or typed name and title agent and agree to act in this capacity of all statutes relative to the proper and complete with and accept the obligation of my position as registered ely to reflect a change in the registered office address, I notified in writing of this change.
By: K	nature of Registered Agent	Date
If signing on be	half of an entity: Roxanne Asst. Vice P	
T.	med or Printed Name	

* * * FILING FEE: \$35,00 * * *