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(Re	questor's Name)			
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(Cit	y/State/Zip/Phone	e #)		
PICK-UP	☐ WAIT	MAIL		
(Bu	siness Entity Nan	ne)		
(Document Number)				
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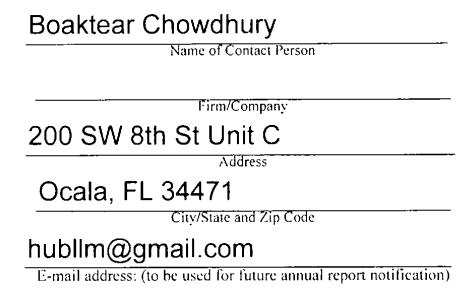
COVER LETTER

TO: Amendment Section Division of Corporations

SUBJECT: Motiv8 Management Inc				
Name of C	Corporation			
DOCUMENT NUMBER: P190000458	02			

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:



For further information concerning this matter, please call:

Lauren R
Name of Contact Person

Name of Contact Person

at (630 717-5004
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

	·	17.0502, 607.1508, or 617.1508, Florida 1 organized under the laws of the State of		, this	
		registered agent, or both, in the State of a	Florida.		
1. The name of	the corporation: Motiv8 Mana	gement Inc			
2. The principal	office address: 200 SW 8th S	St Unit C Ocala, FL 34471			
3. The mailing a Ocala,	nddress (if different): 4900 SW FL 34474	46th Ct APT 407			
4. Date of incor	poration/qualification: 5.28.19	Document number: P1900	0045	802	
5. The name and		stered agent and registered office on file w	rith the		
	Boaktear Chowdhury				
	121 S Orange Ave suite	1470			
	Orlando, Fl 32801		11/21	19	
6. The name and (if changed):	d street address of the new register	ed agent (if changed) and /or registered of	Tice:	SEP - 9	T
	Boaktear Chowdhury			3	
	200 SW 8th St Unit C			ነዐ :ካ Wd	
	Ocala, FL 34471	Box NOT acceptable	\$ '	.	
The street address changed will	ess of its registered office and the be identical.	street address of the business office of it	s registe	ered a	gent.
Such change wa authorized by the	as authorized by resolution duly a ne board, or the corporation has be	dopted by its board of directors or by an een notified in writing of the change.	officer	SO	
Boaktea	r Chowdhury	Boaktear Chowdhury	lē		_
I hereby accept I further agree performance of	the appointment as registered ag to comply with the provisions of a my duties, and I am familiar with	ent and agree to act in this capacity, all statutes relative to the proper and com and accept the obligation of my position to reflect a change in the registered offic tified in writing of this change.	iplete i as reo	isterea vss. I	1
Boakte	ar Chowdhury nature of Registered Agent	09/3/2019			
	·	Date			_
If signing on be	half of an entity:				
Т	yped or Printed Name				

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

* * * F1L1NG FEE: \$35.00 * * *