P20000064870

(Re	questor's Name)	
(Ad	ldress)	
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(Cit	ry/State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
(Bu	siness Entity Nar	ne)
(Do	cument Number)	
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SECRETARY OF STATE

A D. Alor

COVER LETTER

TO: Amendment Section Division of Corporations

SUBJECT: Reflec Group inc.

DOCUMENT NUMBER: _P2 00006 64870

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:

Name of Contact Person

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City/State and Zip Code

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

For further information concerning this matter, please call:

Verdnia Betanco

Name of Contact Person

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
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

CR2E045 (04/13)

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.
1. The name of the corporation: Reflec Group INC.
2. The principal office address: 13 40 New Forest In
Esproy FL 34229
3. The mailing address (if different):
4. Date of incorporation/qualification: 3CT 19 2620 Document number: P20000064870
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)
My Corporations Business Services Inc. 26025 H creav Pead Soute 120 20 20 20 20 20 20 20 20 20 20 20 20 2
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.
Colour to hoke at Unionite Beface to UT DUT Signature of an officer or director Primed 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.
Volation Partacise (7) 23/3031 Signature of Registered Agent (27/33/3031) Date
If 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