

P210000 410534

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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WAIT

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MAIL

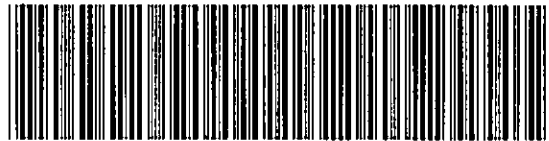
(Business Entity Name)

(Document Number)

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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Thrive Real Estate Solutions Corp
Name of Corporation

DOCUMENT NUMBER: P21000040534

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:

Sarah Pereira

Name of Contact Person

Thrive Real Estate Solutions Corp

Firm/Company

12901 Sugar Run Dr Apt 4203

Address

Orlando-FL 32821

City/State and Zip Code

triveresol@gmail.com

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

For further information concerning this matter, please call:

Sarah Pereira

Name of Contact Person

at (407)

973-0031

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



2021 SEP 30 AM 8:28

FLORIDA DEPARTMENT OF STATE
Division of Corporations

September 14, 2021

SARAH PEREIRA
12901 SUGAR RUN DR
APT. 4203
ORLANDOO, FL 32821

SUBJECT: THRIVE REAL ESTATE SOLUTIONS CORP
Ref. Number: P21000040534

We have received your document for THRIVE REAL ESTATE SOLUTIONS CORP and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Irene Albritton
Regulatory Specialist III

Letter Number: 221A00022072

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 both, in the State of Florida.

1. The name of the corporation: THRIVE REAL ESTATE SOLUTIONS CORP
2. The principal office address: 3215 DARK SKY DR. HARMONY-FL
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 05/01/2021 Document number: P21000040534
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)

SARAH CAROLINE S PEREIRA

12901 SUGAR RUN DR APT 4203, ORLANDO-FL 32821

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

SARAH CAROLINE R PEREIRA

12901 SUGAR RUN DR APT 4203, ORLANDO-FL 32821

P.O. Box NOT acceptable

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 an officer or director

Sarah Pereira

Printed 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.



Signature of Registered Agent

08/26/2021

Date

If signing on behalf of an entity:

Sarah Pereira

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 (04/13)

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RECEIVED