

	(Requestor's Name)		
		dress)	(Add
10	(Address)		
		y/State/Zip/Phone #	(City
	MAIL	WAIT	PICK-UP
		siness Entity Name	(Bus
TALLEN		cument Number)	(Doc
S TALLEN' APR 24 2018	atus	_ Certificates o	Certified Copies
		Filing Officer:	Special Instructions to F
Olbert			
RIBE			

Office Use Only



00312040341

04/23/18--01039--007 **35.00

T

COVER LETTER

TO:

Amendment Section Division of Corporations

SUBJECT: Fiplex Communications, Inc.

Name of Corporation

DOCUMENT NUMBER

P95000010222

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:

Doug Jeffrey, Esq.

Name of Contact Person

Law Offices of Douglas Jeffrey, P.A.

Firm/Company

6625 Miami Lakes Dr. #379

Address

Miami Lakes, Florida 33014

City/State and Zip Code

dj@jeffreylawfirm.com

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

For further information concerning this matter, please call:

Doug Jeffrey

..305

828-4744

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
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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: Fiplex Communications, Inc.		
2. The principal office address: 2101 NW 79th Ave Doral, Florida 33122		
3. The mailing address (if different):		
4. Date of incorporation/qualification: 02/07/1995 Document number: P95000010222		
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)		
Elizabeth Gonzalez		
2101 NW 79th Ave		
Doral, Florida 33122		
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):		
Doug Jeffrey, Esq.		
6625 Miami Lakes Drive #379		
P.O. Box NOT acceptable Miami Lakes, Florida 33014		
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 opher or director Elizabeth Gonzalez, President 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 Relistered Actin		
If signing on behalf of an entity:		
DOUGLAS J. JEFFREY, ESQ.		

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

Typed or Printed Name