P98000073734

·			
(Requestor's Name)			
(Address)			
(Address)			
(City/State/Zip/Phone #)			
(Oity/State/Zip/i Holie #)			
PICK-UP WAIT MAIL			
(Business Entity Name)			
(Document Number)			
Certified Copies Certificates of Status			
Special Instructions to Filing Officer:			





800312032948

04/20/18--01016--018 **35.00



APR SA 2018

COVER LETTER

TO: Amendment Section Division of Corporations

SUBJECT: FIRST 35, INC.

Name of Corporation

P9800073734

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:

Eugene J. Howard

Name of Contact Person

Firm/Company

1691 Michigan Avenue Suite#250

Address

Miami Beach, FL 33139

City/State and Zip Code

EJHOffice@gmail.com

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

For further information concerning this matter, please call:

Eugene Howard, Esq.

,305 \538-636

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

· ·	-	617,0502, 607,1508, or 617,1508, Florida Statutes, t on organized under the luws of the State of Florida	his	
	_	or registered agent, or both, in the State of Florida.		
1. The name of	the corporation; First 35, Inc			
2. The principal	office address: 1691 Michig	gan Avenue Suite #250		
	each FI 33139			
3. The mailing a	address (if different):			
4. Date of incor	poration/qualification: 8/24/19	998 Document number: P980000737	34	
	d street address of the current reg rtment of State: (If resigned, ente	istered agent and registered office on file with the resigned)		
	Michael B. Werner			
	1691 Michigan Avenue	e Suite# 360		
	Miami Beach, FL 3313	39	المار المار	
6. The name an (if changed):		ered agent (if changed) and /or registered office		
	Michael B. Werner		رې	
\$, 1691 Michigan Avenue Suite# 250			
	P.O. Box NOT acceptable			
	Miami Beach, FL 3313	39		
The street addr as changed wil	ess of its registered office and the local identical.	e street address of the business office of its register	ed agent,	
Such change w authorized by t	as authorized by resolution duly the board, or the corporation has	adopted by its board of directors or by an officer so been notified in writing of the change.)	
Signat	use of an officer or director	Eugene J Howard, President	THE STATE OF THE S	
l hereby accep I further agree performance o	t the appointment as registered a to comply with the provisions of f my duties, and I am lamiliar wi	ngent and agree to act in this capacity. I all statutes relative to the proper and complete th and accept the obligation of my position as regis to to reflect a change in the registered office addres totified in writing of this change.	stered s, 1	
lass	mhom	4/11/18		
	gnature of Registered Agent	Date		
	ehalf of an entity:			
	ael Werner	_		
	Typed or crinted Name			

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