## V38769

(Re	equestor's Name)					
(Ac	ddress)					
(Ad	ddress)					
(Ci	ty/State/Zip/Phone	e #)				
PICK-UP	☐ WAIT	MAIL				
(Bi	usiness Entity Nar	ne)				
(Do	ocument Number)					
Certified Copies Certificates of Status						
Special Instructions to	Filing Officer:					
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## **COVER LETTER**

TO: Amendment Section Division of Corporations								
SURFECT: Doubles Take.								
SUBJECT: Don Lus エンC Name of Corporation								
DOCUMENT NUMBER: V 38169								
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:								
FREADCIGES A. MARTIN								
Name of Contact Person								
Firm/Company 43 LANCASTER LN EFFEREN LANE STEP Address								
43 LANCASTER LN								
E FRENCHU LANG # 13								
Address								
PALM C.45T, FL. 32137 City/State and Zip Code								
FRATETIS CRA & COMCAST, NET								
E-mail address: (to be used for future annual report notification)								
For further information concerning this matter, please call:								
Francisco J. MARTIN at ( 784 ) 223 - 4830  Name of Contact Person Area Code & Daytime Telephone Num								
Name of Contact Person Area Code & Daytime Telephone Nur	nber							
Enclosed is a \$35.00 check made payable to the Department of State.								
Mailing Address: Amendment Section  Street Address: Amendment Section								
Amandmant Section Amandmant Section								

Clifton Building

Tallahassee, FL 3230t

2661 Executive Center Circle

P.O. Box 6327

Tallahassee, FL 32314

## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

statement of change	isions of sections 607. is submitted for a corp change its registered o	poration organ	iized under the l	aws of the State o	f FLoi		
	orporation: حری ا		-	·			
	ce address: 1155						
3. The mailing addre	*** (if different):	M) EL	<u>. 35158</u>				
4. Date of incorporat	ion/qualification: <u>5</u>	112/92	Documen	it number: <u>V カ</u>	3719		
5. The name and stre	eet address of the current of State: (If resigned	ent registered a	gent and registe				
	Binis Ro	9EN			_		
	1001 51210	Lell 3x	Y 7 K.		_	2019	
	MIAN) E	L. 331	<u> </u>		_	2019 DEC 12	. 1
6. The name and stre (if changed):	eet address of the new	registered age	nt (if changed) a	und /or registered o	office	PH	; b i
<del></del> .	FRANCISCO J.	MARTI	<u> </u>				(Just
	FRANCISCO J.					, 6	
	PALM COAS	T, FL.	32137		_		
The street address o as changed will be i	f its registered office dentical.	and the street	address of the b	ousiness office of	its registe	red ager	ıt,
Such change was au authorized by the bo	thorized by resolution and, or the corporation	n duly adopted on has been no	l by its board of tified in writing	directors or by a of the change.	n officer s	O	
Jesa de Signature of a	in officer or director	<u>,                                      </u>	1205 Prii	A DE P.C.	ASS O	P	
I further agree to co performance of my a	appointment as regist imply with the provisi futies, and I am famil ocument is being filed the corporation has be	ons of all stat iar with and a	utes relative to . eccept the obliga	the proper and co ution of my position	mplete on as regi. lice addre:	stered ss, I	
France	p Myther			12/10/19			
Signature  If signing on behalf	W. 1125			Date			
· · · · · · · · · · · · · · · ·							
Typed c	エルC or Printed Name		r. egenn 4 4 4				
		THURSTE	E: \$35.00 * * *				

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314 CR2E045 (03/12)