Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850) 617-6380

From:

Account Name : DIVERSIFIED CORPORATE SERVICES INT'L, INC.

Account Number : 120090000024 : (518)229-8228 Phone Fax Number : (302)371-9850

\*\*Enter the email.address for this business entity to be used for future annual report mailings. Enter only one email address please. \*\*

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JERRY () DIVERSIFIEDCORP. COM

## REGISTERED AGENT CHANGE AEDN SECAUCUS, INC.

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

•	ions 607.0502, 617.0502, 607.1508, For a corporation organized under t	
In order to change its reg	platered office or registered agent, o	r both, in the State of Florida.
1. The name of the corporation: AEDN Secaucus, Inc. 2. The principal office address: 463 7th Avenue, Sulte 1301		
3. The mailing address (if differen	rt):	
4. Date of incorporation/qualificat	tion: 02/23/2005 Docum	nent number: P05000030695
5. The name and street address of Florida Department of State: (If	the current registered agent and reg f realgned, enter resigned)	istered office an file with the
	Joel S. Piotrkowski	
	317 71st Street	
M	iaml Beach, FL 33141	
(if changed):	the new registered agent (if change	
Diversit	ied Corporate Services Int	ri, inc.
18	3560 North Bay Road	
Supp	P.O. Box NOT acceptable	2420
Sunn	y Isles Beach, FL 33160-	2438 (5)21 -
The street address of its registere as changed will be identical.	d office and the street address of the	he business office of its registered agent,
<del>-</del>	resolution duly adopted by its board or poration has been notified in write	
S/Blygmun Ju	atman Benja	amin Lieberman, President
I hereby accept the appointment I further agree to comply with th performance of my duites, and I agent. Or, if this document is be hereby confirm that the corporat	as registered agent and agree to a e provisions of all statutes relative am familiar with and accept the ob ing filed merely to reflect a change tion has been notified in writing of	ct in this capacity, to the proter and complete ligation of my position as registered t in the registered office address, I this change.
Some South	int —	October 13, 2017
If signing on behalf of an entity:		
Jегту Joseph, Presid	lent	
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
(2)

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