

P/0000002561

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

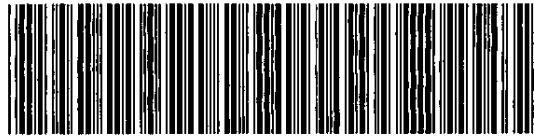
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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

RD Change  
Tews  
4-19-10

## COVER LETTER

TO: Amendment Section  
Division of Corporations

SUBJECT: MOVING FROM AND RELOCATION INC  
Name of Corporation

DOCUMENT NUMBER: P10000002561

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:

GIL SISO

Name of Contact Person

MOVING FROM AND RELOCATION INC  
Firm/Company

1818 SHERIDAN STREET 101  
Address

HOLLYWOOD FL 33020  
City/State and Zip Code

GILSISO@COMCAST.NET

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

For further information concerning this matter, please call:

GIL SISO

Name of Contact Person

at ( 305 ) 491-7474

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: MOVING FROM AND RELOCATION INC
2. The principal office address: 1818 SHERIDAN STREET 101  
HOLLYWOOD FL. 33020
3. The mailing address (if different): \_\_\_\_\_
4. Date of incorporation/qualification: 01/08/2010 Document number: P1000000 2561
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)

SISO, GIL  
1818 SHERIDAN STREET 101  
HOLLYWOOD FL. 33020

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

SISO, GIL  
430 SOUTH DIXIE HWY  
HOLLYWOOD FL. 33020

P.O. Box NOT acceptable

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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]  
Signature of an officer or director

GIL SISO 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]  
Signature of Registered Agent

04/16/2010  
Date

If signing on behalf of an entity:

GIL SISO  
Typed or Printed Name

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