



**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** ERIL ERDEM P.A.

\_\_\_\_\_  
Name of Corporation

**DOCUMENT NUMBER:** P12000029868

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:

**ERIL ERDEM**

\_\_\_\_\_  
Name of Contact Person

\_\_\_\_\_  
Firm/Company

**PO BOX 212303**

\_\_\_\_\_  
Address

**ROYAL PALM BEACH, FL 33421**

\_\_\_\_\_  
City/State and Zip Code

**eril2006@yahoo.com**

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

For further information concerning this matter, please call:

**ERIL ERDEM**

\_\_\_\_\_  
Name of Contact Person

at ( **561** ) **246-9442**

\_\_\_\_\_  
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

