

P14000041696

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

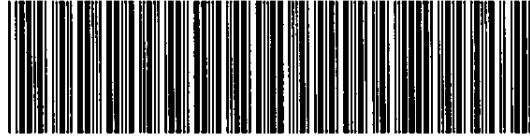
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



100270253851

03/05/15--01019--020 \*\*35.00

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
15 MAR -2 PM 4:12

C.L.  
3-5-15



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

January 21, 2015

ELEFThERIOS PAPAGEORGIOU / ENTRANET INC  
110 E. BROWARD BLVD.  
FORT LAUDERDALE, FL 33301 US

SUBJECT: ENTRANET, INC  
Ref. Number: P14000041696

We have received your document for ENTRANET, INC. However, upon receipt of your document no check was enclosed. Please send a check or money order payable to the Department of State for \$35.00. Your document will be retained in our pending file. Please return a copy of this letter to ensure that your check is properly credited.

You can't pay online for an amendment. You will need to send in a check or a money order for \$35.00.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Carolyn Lewis  
Regulatory Specialist II

Letter Number: 515A00001233

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** ENTRANET INC  
Name of Corporation

**DOCUMENT NUMBER:** P14000041696

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:

ELEFThERIOS PAPAGEORGIOU  
Name of Contact Person

ENTRANET INC  
Firm/Company

110 EAST BROWARD BLVD  
Address

FORT LAUDERDALE, FLORIDA, 33301  
City/State and Zip Code

LP@ENTRANETINC.COM  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ELEFThERIOS PAPAGEORGIOU at ( 940 ) 238 5350  
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**

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: ENTRANET INC
- 2. The principal office address: 110 EAST BROWARD BLVD, FORT LAUDERDALE  
FLORIDA, 33301
- 3. The mailing address (if different): \_\_\_\_\_

4. Date of incorporation/qualification: 05/08/2014 Document number: P14000041696

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)

BRENDA HAMILTON  
101 PLAZA REAL SOUTH, SUITE 202N  
BOCA RATON, FLORIDA, 33432

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

REGISTERED AGENTS INC.  
3030 N. Rocky Point Drive, STE 150A  
P.O. Box NOT acceptable  
Tampa, FL 33607

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
15 MAR - 2 PM 4: 12

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

ELEFThERIOS PAPAGEORGIU, CEO  
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

01/07/2014  
Date

If signing on behalf of an entity:

Bill Havre - President  
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