## P93000078954

| (Re                     | questor's Name)   |             |
|-------------------------|-------------------|-------------|
| (Add                    | dress)            | <del></del> |
| (Ad                     | dress)            |             |
| (Cit                    | y/State/Zip/Phone | ; #)        |
| PICK-UP                 | ☐ WAIT            | MAIL        |
| (Bu                     | siness Entity Nam | ne)         |
| (Do                     | cument Number)    |             |
| Certified Copies        | _ Certificates    | of Status   |
| Special Instructions to | Filing Officer:   |             |
|                         |                   |             |
|                         |                   |             |
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## COVER LETTER

TO:

| TO: Amendment Section<br>Division of Corporations                     | •   |
|---|---|
| SUBJECT: 9404 Corporation Name of Corporation                         |   |
| DOCUMENT NUMBER: P93000078954   |   |
| The enclosed Statement of Change of Registered Of                     | fice Agent and fee are submitted for filing.              |
| Please return all correspondence concerning this ma                   | tter to the following:                                    |
| David Schwadron Name of Contact Person                                |   |
|   |   |
| 9404 Corporation<br>Firm/Company                                      |   |
|   |   |
| 9404 NW 49 Place<br>Address   |   |
| , com co  |   |
| Sunrise F1, 33351<br>City/State and Zip Code                          | <del></del>   |
| City/State and Zip Code   |   |
| DasheH8@ aot.com<br>E-mail address: (to be used for future annual rep | port notification)  |
| For further information concerning this matter, plea                  | se call:  |
| David Schwadron Name of Contact Person                                | at (305 )215 8783<br>Area Code & Daytime Telephone Number |
| Enclosed is a \$35,00 check made payable to the Dep                   | partment of State.  |

Mailing Address: Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address: Amendment Section Division of Corporations The Centre of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

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Letter Number: 620A00006735

## FLORIDA DEPARTMENT OF STATE Division of Corporations

March 27, 2020

DAVID SCHWADRON 9404 NW 49 PLACE SUNRISE, FL 33351

SUBJECT: 9404 CORPORATION Ref. Number: P93000078954

We have received your document for 9404 CORPORATION and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

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

Irene Albritton Regulatory Specialist II

www.sunbiz.org

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

| statement of char  | rovisions of sections 607,0502, 617,0502, 607,1508, or 617,1508, Florida Statutes, this age is submitted for a corporation organized under the laws of the State of Florida to change its registered office or registered agent, or both, in the State of Florida.  |
|--|---|
| 1. The name of th  | ne corporation: 9404 Corporation 9404 NW 49 Place office address: 9404 NW 49 Place  |
| 3. The mailing a   | ldress (if different):  |
| 4. Date of incorp  | oration/qualification: 11/09/1993 Document number: P93000078954   |
| 5. The name and  | street address of the current registered agent and registered office on file with the tment of State: (If resigned, enter resigned)   |
|  | Howard Gordon Esq   |
|  | 1395 Brickell Ave # 1400, Miami, Ft. 33131  |
|  | Istreet address of the new registered agent (if changed) and /or registered offices.  James Schiff Esq  9130 S Dadeland Blvd # 3, Miann, FL 33150  PO Box SOLacceptable   |
| The street address changed will  | ess of its registered office and the street address of the business office of its registered agent, be identical.   |
| authorized by the  | as authorized by resolution duly adopted by its board of directors or by an officer so he board, or the corporation has been notified in writing of the change.   |
| W.X.   | David Schwadron President  Princed or typed name and little   |
| I herein accept<br>I turther agree<br>of my duties, at<br>document is be<br>corporation ha | Incappointment as registered agent and agree to act in this capacity. The appointment as registered agent and agree to act in this capacity. To comply with the provisions of all statutes relative to the proper and complete performance and I am familiar with and accept the obligation of my position as registered agent. Or, if this ing filed merely to reflect a change in the registered office address. I hereby confirm that the s been notified in writing of this change. |
| \  | chalf of an entity:   |
| - · .  | ixped or Printed Name * * * FILING FEE: \$35.00 * * *   |

MAKE CHECKS PAYABLE, TO FLORIDA DEPAREMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 632 T. LAGLAHASSLE, FE. 32314