

850344

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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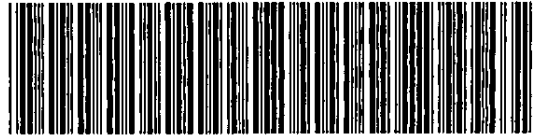
(Business Entity Name)

(Document Number)

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DIVISION OF CORPORATIONS
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R.A.

APR 22 2013

T. BROWN

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Ehden, N.V.

Name of Corporation

DOCUMENT NUMBER: 850344

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:

MILLY LLANES (305-441-6633 ext 14)

Name of Contact Person

Ehden, N.V. c/o Fraga Properties

Firm/Company

75 Valencia Avenue, Suite 1150

Address

Coral Gables, FL 33134

City/State and Zip Code

Milly@fragaproperties.com

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

For further information concerning this matter, please call:

Albert J. Fraga / Milly Llanes

Name of Contact Person

at 305 441-6633 ext 12 / ext 14

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: Ehden N.V.
2. The principal office address: 75 Valencia Avenue, Suite 1150, Coral Gables, FL 33134
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 09/04/1981 Document number: 850344
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)

Albert J. Fraga

1320 S Dixie Highway, Suite 214, Coral Gables, FL 33146

Phone: 305-667-1976 ext 12

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

Albert J. Fraga

75 Valencia Avenue, Suite 1150, Coral Gables, FL 33134

P.O. Box NOT acceptable

Phone: 305-441-6633 ext 12

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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 of an officer or director

Albert J. Fraga / Managing Agent
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 of Registered Agent

04/11/13
Date

If signing on behalf of an entity:

Typed or Printed Name

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