

P94000051434

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

14 FEB 27 PM 3:32

APPROVED
AND
FILED

C. LEWIS
FEB 28, 2014
EXAMINER



FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 10, 2014

MARK REED / SERENE COMMUNICATIONS INC
PO BOX 56055
SHERMAN OAKS, CA 91413

SUBJECT: SERENE COMMUNICATIONS, INC.
Ref. Number: P94000051434

We have received your document for SERENE COMMUNICATIONS, INC. 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 document must contain a registered agent with a Florida street address and a signed statement of acceptance. (i.e. I hereby am familiar with and accept the duties and responsibilities of Registered Agent.)

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.

Carolyn Lewis
Regulatory Specialist II

Letter Number: 314A00002929

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Serene Communications, Inc
Name of Corporation

DOCUMENT NUMBER: P94000051434

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:

Mark Reed

Name of Contact Person

Serene Communications, Inc

Firm/Company

PO Box 56055

Address

Sherman Oaks, CA 91413

City/State and Zip Code

mr1331@mindspring.com

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

For further information concerning this matter, please call:

Mark Reed

Name of Contact Person

at 818 989-4230

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: SERENE COMMUNICATIONS, INC.
2. The principal office address: 15579 MEADOWGATE ROAD
ENCINO, CA 91436
3. The mailing address (if different): PO BOX 56055
SHERMAN OAKS, CA 91413
4. Date of incorporation/qualification: 3-26-2009 Document number: P94000051434
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)

JAMES M. PAINTER

1300 N. FEDERAL HWY SUITE 110

BOCA RATON, FL 33432

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

DAVID TOPPING

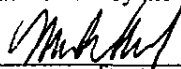
4020 SHERIDAN STREET, SUITE C

P.O. Box NOT acceptable

HOLLYWOOD, FL 33021

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

MARK A REED, VICE 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 of Registered Agent

2-22-14

Date

If signing on behalf of an entity:

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
CR2E045 (03/12)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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AND
FILED