## 380118

MARTIN SCHAFFEL ENTERPRISES, INC.

9703 SOUTH SHIELHSHIPP PO Box 2017

MIAMI. FLORIDA 33156

City/State/Zip Phone #

300003004079--5 -10/04/99--01083--008 \*\*\*\*\*35.00 \*\*\*\*\*35.00

Office Use Only

## CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1.		
(Corporation Name)	(Document #)	99 OCT
(Corporation Name)	(Document #)	SSECTIFIED IN INC.
(Corporation Name)	(Document #)	DRIDA RIDA
4(Corporation Name)	(Document #)	
☐ Walk in ☐ Pick up time ☐ Mail out ☐ Will wait	Photocopy	Certified Copy Certificate of Status
NEW FILINGS  Profit Not for Profit Limited Liability Domestication Other	AMENDMENTS  Amendment Resignation of R.A., O Change of Registered A Dissolution/Withdrawa Merger	Agent
OTHER FILINGS	REGISTRATION/QUAL	<u>IFICATION</u>
☐ Annual Report ☐ Fictitious Name	☐ Foreign ☐ Limited Partnership ☐ Reinstatement ☐ Trademark ☐ Other	

Examiner's Initials

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

	provisions of sections 607.0502, 617.0502, 607. I corporation organized under the laws of the State		atutes,
submits the foll the State of Flo	owing statement in order to change its registered	office or registered agent, or bo	oth, in
2. The mailing	address of the corporation is: P.o. Box a	2017	-
	MIAMI, FC. 33156		
3. Date of inco	rporation/qualification:	ocument number: 59-1362	048
4. The name an	d address of the current registered agent and office:	380118	
	MARTIN SCHAFFEL	<del>a−</del> - <b>*</b> ***	
•	10090 SW 67AVR		99 (
	MIAMI, FL. 33/56		ਰੋ <b>'</b>
5. The name an	d address of the new registered agent and office: (P	P. O. Box Not Acceptable	+
	MARTIN SCHAFFEL		7
•	6333 SW 104 th street		PM12: 43
	MiAMI, PL. 33156	ADE ADE	ည်
The street addr	ess of its registered office and the street address of ed, will be identical.	f the business office of its regis	stered
	as authorized by resolution duly adopted by its bo		
•	/// <i>a</i> //\$\bar{\} \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \	10/1/09	
(Signature	of an officer chairman or vice chairman of the board)	/o/s/99 (Date)	<del>-</del> · -
MARTI	(Printed or typed name and title)	<u>-</u>	
-			-
Having been ni corporation, I I further agree performance oj registered agei	amed as registered agent and to accept service of hereby accept the appointment as registered agen to comply with the provisions of all statutes relate fmy duties, and I am familiar with and accept the statute.	process for the above stated it and agree to act in this capacive to the proper and complete obligation of my position as	ity.
	M XX an Wess Pet	10/1/99	
(	Signature of Registered Agent)	(Date)	_
If signing on beha		. <u>=</u>	
	MARTIN SCHAFFEZ Typed or Printed Name)	PRESIDENT	_
(	1 yped of Frinked Name)	(Capacity)	
	* * * FILING FEE: \$35.00 *	**	
GD 970 45 (7 /07)		- · · · · · - <del>- =</del>	

P.O. Box 6327

DIVISION OF CORPORATIONS

TALLAHASSEE, FL 32314