

F030000000940

(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



100060860021

10/25/05--010:5--008 **25.00

FILED
05 OCT 25 AM 11:57
SECRETARY OF STATE
TALLAHASSEE, FL 32302

R.A. Change

Q. Conley OCT 27 2005



October 21, 2005

FLORIDA SECRETARY OF STATE
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Attn: Corporate Filing Dept.

Re: **EM BOEHM, INC.**

Dear Filing Officer:

Enclosed please find a Statement of Change of Registered Office or Registered Agent or Both for Corporations, for the above referenced name, which is to be filed in your office. Also enclosed is check #09306 in the amount of \$35.00 for the filing fee. After filing, please return the file-stamped copy in the enclosed self-addressed envelope. If you have any questions, please contact x153 at 800-345-4647.

Thank you,

Myra Simmons
Registered Agent Services
Enclosures

PO BOX 1831
AUSTIN, TX 78767

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: EM BOEHM, INC.
(Name of corporation)

DOCUMENT NUMBER: F03000000940

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:

Myra Simmons
(Name of person)

CAPITOL CORPORATE SERVICES, INC.
(Name of firm/company)

P.O. BOX 1831
(Address)

AUSTIN, TX 78767
(City/state and zip code)

For further information concerning this matter, please call:

Myra Simmons at (800) 345-4647
(Name of 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
409 E. Gaines Street
Tallahassee, FL 32399

**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 Delaware in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: EM BOEHM, INC.
2. The principal office address: 25 Princess Diana Lane, Trenton, NJ 08638
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 2/24/2003 Document number: F03000000940
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:

CT Corporation System

1200 South Pine Island Road

Plantation, FL 33324

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

Capitol Corporate Services, Inc.

1333 North Duval St.

(P.O. Box or personal mailbox NOT acceptable)

Tallahassee, FL 32303

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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.

Leonard A. Robertson
(Signature of an officer or director)

Leonard A. Robertson, Asst. Sec.
(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.

Delanie Case
(Signature of Registered Agent)

10-21-05
(Date)

If signing on behalf of an entity:

Delanie Case

(Typed or Printed Name)

Asst. Sec.

(Capacity)

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

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314