

F0900000028P3

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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WAIT

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MAIL

(Business Entity Name)

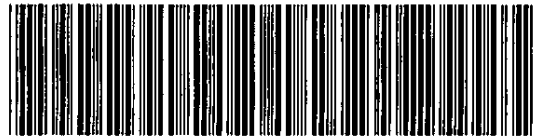
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Roberts SEP 25 2009



FLORIDA DEPARTMENT OF STATE
Division of Corporations

September 17, 2009

LORRAINE LEAL
EB EXCALIBUR, INC.
18001 OLD CUTLER ROAD, STE 556
MIAMI, FL 33157

SUBJECT: EB EXCALIBUR, INC.
Ref. Number: F09000002883

RECEIVED
2009 SEP 25 AM 8:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

We have received your document for EB EXCALIBUR, 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):

We are enclosing a computer printout which reflects the registered agent and registered office now on file with this office. Please amend your document accordingly.

A business entity may not serve as its own registered agent. Please designate an individual or another business entity with an active registration or filing with this office, having a Florida street address identical with that of the registered office.

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) 245-6892.

Tina Roberts
Regulatory Specialist II

Letter Number: 009A00030629

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: EB Excalibur, Inc.
Name of Corporation

DOCUMENT NUMBER: F09000002883

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:

Lorraine Leal
Name of Contact Person

EB Excalibur, Inc.
Firm/Company

18001 Old Cutler Road, Suite 556
Address

Miami, FL 33157
City/State and Zip Code

lleal@ebexcalibur.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Lorraine Leal at (786) 619-2828
Name of Contact 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
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 _____ in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: EB Excalibur, Inc.
2. The principal office address: 18001 Old Cutler Road, Suite 556
Miami, FL 33157
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 07/17/09 Document number: F09000002883
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)

Eugene P. Nesbada

13755 SW 119th Avenue

Miami, FL 33186

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

Eugene P. Nesbada

18001 Old Cutler Road, Suite 556

P.O. Box NOT acceptable

Miami, FL 33157

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.

Eugene P. Nesbada

Signature of an officer or director

Eugene P. Nesbada, 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.

Eugene P. Nesbada

Signature of Registered Agent

09/22/09

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 (8/05)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA