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To:

Division of Corporations

Fax Number : (850) 617-6380

From:

Account Name : C T CORPORATION SYSTEM

Account Number: FCA000000023 (850) 205-8842 Phone Fax Number : (850)878-5368

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

REGISTERED AGENT CHANGE ADREA RUBIN MARKETING, INC.

Certificate of Status Certified Copy 0 Page Count 03 Estimated Charge \$35.00

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## **COVER LETTER**

TO: Amendment Section Division of Corporations						
SUBJECT:ADREA RUBIN.MARKETING, INC.						
Name of Corporation						
DOCUMENT NUMBER:						
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:						
Jennifer Vilkelis						
Name of Contact Person						
ADREA RUBIN MARKETING, INC.						
Firm/Company						
19 W. 44th Street, Suité 1415						
Address						
New York, NY 10036						
City/State and Zip. Code						
jenniferv@adreambin.com						
E-mail address: (to be used for future annual report notification)						
For further information concerning this matter, please call:						
Jennifer Vilketis 646 487-3762						
Name of Contact Person Area Code & Daytine Telephone Num						
Enclosed is a \$35,00 check made payable to the Department of State.						
Mailing Address: Street Address: Amendment Section Amendment Section						
Division of Corporations Division of Corporations						
P.O. Box 6327 Clifton Building						
Tallahassee, FL 32314 2661 Executive Center Circle Tallahassee, FL 32301						

CR2E045 (03/12)

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

statement of cha	provisions of sections 607.0502 nge is submitted for a corporal to change its registered office	tion organized u	nder the laws	of the State of 1	New York	<u>-</u>	
I. The name of t	he corporation: ADREA RUBIN	i marketing;	INC.				
2. The principal	office address: 19 W. 44th Siree	t, Suite 1415, Ne	w York, NY 10	036			
3. The mailing a	ddress (if different):						
4. Date of incorp	poration/qualification: 03/19/20	115	Document i i i i	nber: F1500000	1157	· · · · · · · · · · · · · · · · · · ·	
	street address of the current re tment of State: (If resigned, en		nd registered (	office on file wi	thithe		
	Jennifér Quartuccio						
•	4641 Westford Circle						
	Tampa, FL 33618						
6. The name and (if changed):	street address of the new regis	tered agent (if c	hanged) and /o	or registered off	ice	(A)	16 APR
	CT Corporation System				Ξ.	300	70
	c/o C T Corporation System, 12	00 South Pine Ist	and Road	. , .	7	127	2
		O. Box NOT accepta	ble		7.	; 75 ; 73	й Т
	Plantation, Florida.33324					$\geq$	2
The street address changed will	ss of its registered office and be identical.	the street addre	ss of the busin	ess office of its	registered	agen	t,
Such change was	s authorized by resolution dul e board, or the corporation ha	y ađepted by its s been notified	yboard of dire	ctors:or:by an c he/change.	officer so		
			ennta	1140015.	CFO		
I hereby accept I further agree	the appointment as registered to comply with the provisions in dulies, and I am familiar is document is being filed mer that the corporation has been	l agent and agre of all statutes re vith and accept ely to reflect a c notified in writ	te to acl in this elative to the p the obligation change in the i ing of this cha	s capacity roper and com of my position egistered office nge.	plete as registei e address,	red I	
By:		an McDermott Ice Presidant	:	4/12/201	b .		
	antare of Registered Agent			Date			
	half of an entity:						
· · · · · · · · · · · · · · · · ·	Dermott yped or Printed Name			٠			

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

Make checks payable to Florida Department of State Mail. 10: Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 cr2e045 (03/12)