G09688

(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:	
(Address) (City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name) (Document Number) Certified Copies Certificates of Status	(Requestor's Name)
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Office Use Only



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10/20/08

COVER LETTER

Division of Corporations
SUBJECT: MAR DALE SPECIAL TIES DIRECT INC (Name of Corporation)
DOCUMENT NUMBER: 6 09688
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:
Adrienne Rolla (Name of Contact Person)
Ronagne Hacheling Rolla (Firm/Company)
$POS_{9} \times S_{9}$ (Address)
Yorkers NY 10003 (City/State and Zip Code)
For further information concerning this matter, please call:
Adrienne Rolla at (914) 964-5063 (Name of Contact Person) (Area Code & Daytime Telephone Number)
(Name of Contact Person) (Area Code & Daytime Telephone Number)

Enclosed is a \$35.00 check made payable to the Department of State.

Amendment Section

TO:

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 sec statement of change is submitted in order to change its re	for a corpora	ation organiz	ed under the	laws of the State	e of FLORIDA	,
The name of the corporation:_	MARD	ALE S	SPECIA	ILT 185	DRECT	INC
2. The principal office address:_	4101	NW	124TH	AUENUE		
	CORAL	SPRIN	6-5	FL	33065	
3. The mailing address (if different						
4. Date of incorporation/qualific	ation: \\\\	19/1982	1 Docume	ent number: <u>G</u>	09688	
5. The name and street address of Florida Department of State: (tered office on fi	le with the	
	/ RA					•
	NW				1 26	`,
CORA	L SPR	lings	FL	33065	SECRE TALLAH	五
6. The name and street address of (if changed):	_	_		and /or registere	ed office SS	; m
	woo h				TEST OF	7 C
4101	NW	1344L IOT acceptable)	12ve	nue		24
Coral	•		_ 33	3065		
The street address of its registe as changed will be identical.	red office and	d the street ac	ddress of the	e business office	e of its registered age	nt,
Such change was authorized by authorized by the board, or the	resolution d corporation l	uly adopted l nas been noti	by its board fied in writi	of directors or ling of the chang	by an officer so e.	
(Signature of an officer or dur	rector)		Adria	en ne Roll	la - Sec.	_
I hereby accept the appointmen I further agree to comply with to of my duties, and I am familiar document is being filed merely corporation has been notified i	nt as registere the provisions with and acc to reflect a c nywriting of t	ed agent and s of all statut ept the oblig hange in the his change.	agree to actes relative to action of my registered (t in this capacit to the proper an position as regi office address, T	v d complete performa stered agent. Or, if hereby confirm that	nce this the
(Signature of Registered	Agent)			0 / 1 3/2	1008	
If signing on behalf of an entity		- •	-			
Fernando Lamel (Typed or Printed Nam	e)					

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314 CR2E045 (8/05)

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