· H87950

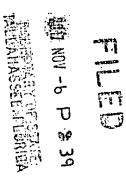
(R	equestor's Name)	
(A	ddress)	
(A	ddress)	
(C	ity/State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
(B	Business Entity Nar	ne)
_. (D	ocument Number)	
Certified Copies	Certificates	s of Status
Special Instructions to	o Filing Officer:	· · · · · · · · · · · · · · · · · · ·

Office Use Only



800305209798

11/07/17--01007--018 **35.00



NOV 0 8 2017. T. LERMEUX



COVER LETTER

Ţ

Division of Corporations			
SUBJECT: EMBOROS TLADING L CONSUMN G COR			
DOCUMENT NUMBER: H87950			
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:			
MICHAEL PCHNEIDEN-CHRINTIANS Name of Contact Person			
EMBORAS TRADING 2 C.			
35PI VALLE SANTA CIR.			
CAPE CORAL FL 33909 City/State and Zip Code			
E-mail address: (to be used for future annual report notification)			
For further information concerning this matter, please call:			
AS ABOVE at 239, 549-9993 Name of Contact Person Area Code & Daytime Telephone Number			
Name of Contact reison 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: En BOROS TRADING & CONNUCTIVE
2. The principal office address: 358(VAUE SANTECIA. COLD,
CAPE CORAL FL 33909
3. The mailing address (if different):
4. Date of incorporation/qualification: 12/3/1985 Document number: H87950
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)
HICHAEL SCHNEIDER-CHRISTIANS
3306 SE 22ND AVE.
CAPE CORAL FL 33904
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):
SAME NAME
P.O. Box NOT acceptable
CAPE CORAL, FL 339090
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.
PRESCOENT
Signature of an officer or director Michael Schuel Jen - Christian And 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 preferences of my divises and large familiar with and accept the obligation of any position as registered.
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.
OCT. 15TH, 2017
Signature of Registered Agent Date
If signing on behalf of an entity:
MICHAEL SCHNEIDER-CHRISTIANS
Typed or Printed Name

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