09000110726

(Requestor's Name)			
(Address)			
(Address)			
(Cit	y/State/Zip/Phone	e #)	
PICK-UP	☐ WAIT	MAIL	
(Bu	siness Entity Nan	ne)	
(Document Number)			
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EXAMINER



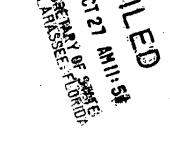
FLORIDA DEPARTMENT OF STATE Division of Corporations

October 18, 2011

FRANCESCA SUERETH EUROPEAN HOTELS REPRESENTATION, L.C. 800 WEST AVENUE SUITE 335 MIAMI BEACH, FL 33139

SUBJECT: EUROPEAN HOTELS REPRESENTATION, L.C.

Ref. Number: L96000001161



We have received your document for EUROPEAN HOTELS REPRESENTATION, L.C. and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The Registered Agent listed on our records is Steven A. Edelstein, please correct the form.

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) 245-6043.

Joey Bryan Regulatory Specialist II

Letter Number: 511A00023810

FLORIDA DEPARTMENT OF STATE

DIVISION OF CORPORATIONS

Documents L96000001161 and L09000110726

ATT. Mr Joey Bryan



Please find attached new form For Ehbox - for the change of address of the registered agent.

The Registered agent stays the same - Fredrick Woodbridge and the address is 701 Brickell Avenue Suite 1650 – Miami Fl 33131.

For European Hotels Representation – I do not require change of the registered agent - please apply the 25\$ you have received to the above request.

I have sent email to change the principal address and mailing address of European Hotels to 800 West Avenue suite 335 - Miami Beach Florida, 33139

France Sul

Thank you and Best Regards

Francesca Suereth

24 October 2011

COVER LETTER

то:	Registration Section Division of Corporations	•	
SUBJ		EHBOX LLC nited Liability Company	
Dear S	Sir or Madam:		
The er	nclosed Registered Agent/Registered Offi	ice Change and fee(s) are submitted for filing.	
Please	return all correspondence concerning thi	is matter to the following:	
water and the standard con-	FRANCESCA SUERETH Name of Person		Tig
	EHBOX LLC Firm/Company		
	800 WEST AVENUE STE 335 Address		
	MIAMI BEACH FL 33139 City/State and Zip Code	·	
E-	INFO@EHBOX.COM mail address: (to be used for future annual report notifi	fication)	
For fu	ther information concerning this matter,	please call:	
		at (305) 5389697	
	Name of Person STREET/COURIER ADDRESS:	Area Code & Daytime Telephone Number MAILING ADDRESS:	
	Registration Section	Registration Section	
	vision of Corporations Division of Corporations		
	Clifton Building		
	2661 Executive Center Circle Tallahassee, Florida 32301	Tallahassee, Florida 32314	
	Enclosed is a check for the following a	amount:	
	\$25 Filing Fee	\$55 Filing Fee & Certified Copy	

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 608.416 or 608.508, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1. Name of the limited liability company	EHBOX LLC	
2. (a) Principal office address of limited	liability company: 800 WEST AVENUE SUITE 335	
(Note: MUST BE STREET ADD	DRESS) MIAMI BEACH FL 33139	
(b) Mailing address of limited liability	company: 800 WEST AVENUE SUITE 335	
(Note: MAY BE POST OFFICE	MIAMI BEACH FL 33139	
17 NOVEMBER 2009	L0900010726	
3. Date of filing/registration in Florida	4. Document number	
17 NOVEMBER 2009 3. Date of filing/registration in Florida 4. Document number 5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State Registered Agent: FREDRICK WOOD BRIDGE		
Registered Agent:	FREDRICK WOOD BRIDGE	
Registered Office Address:	800 WEST AVENUE SUITE 335 MIAMI BECAH FL 33139	
(b) Enter name of NEW Registered A	Agent and/or NEW Registered Office address:	
NEW Registered Agent:		
NEW Registered Office Address: (MUST BE FLORIDA STREET)	701 BRICKELL AVENUE SUITE 1650	
MOST DD THORIDAY STREET	MIAMI ,FL33131	
confirmed that after the change or change and the business office of the registered a liability company, it is hereby confirmed t	anized under the laws of the State of Florida, it is hereby is are made, the Florida street address of the registered office gent will be identical. Or, in the case of a Florida limited that the change(s) was/were authorized by an affirmative vote inpany or as otherwise provided in the articles of organization liability company.	

FRANCESCA SUERETH

Printed or typed name of signee

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 obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

Signature of Registered Agent