

L09000110726

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA  
OCT 27 AM 11:58

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J. BRYAN

OCT 28 2011

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

FILED  
OCT 27 AM 11:54  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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

**FILED**  
OCT 27 AM 11:58  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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

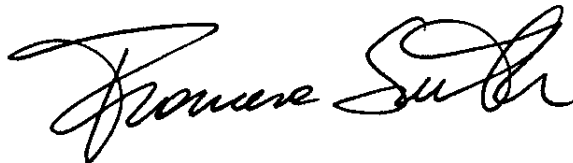
The Registered agent stays the same - Fredrick Woodbridge and the address is 701 Brickell Avenue Suite 1650 - Miami Fl 33131.

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

Thank you and Best Regards

Francesca Suereth



24 October 2011

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** EHBOX LLC  
Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

FRANCESCA SUERETH  
Name of Person

EHBOX LLC  
Firm/Company

800 WEST AVENUE STE 335  
Address

MIAMI BEACH FL 33139  
City/State and Zip Code

INFO@EHBOX.COM  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

FRANCESCA SUERETH at ( 305 ) 5389697  
Name of Person Area Code & Daytime Telephone Number

**STREET/COURIER ADDRESS:**  
Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, Florida 32301

**MAILING ADDRESS:**  
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

**Enclosed is a check for the following amount:**

\$25 Filing Fee

\$55 Filing Fee & Certified Copy

**FILED**  
OCT 27 AM 11:51  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**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 ADDRESS)** MIAMI BEACH FL 33139

(b) Mailing address of limited liability company: 800 WEST AVENUE SUITE 335

**(Note: MAY BE POST OFFICE BOX)** MIAMI BEACH FL 33139

17 NOVEMBER 2009

3. Date of filing/registration in Florida

L0900010726

4. Document number

5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of

Registered Agent: FREDRICK WOOD BRIDGE

Registered Office Address: 800 WEST AVENUE SUITE 335  
MIAMI BEACH FL 33139

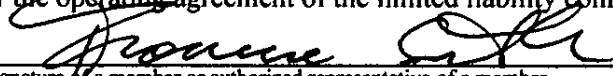
**FILED**  
**OCT 27 AM 11:54**  
STATE DEPT. OF REVENUE  
TALLAHASSEE, FLORIDA

(b) Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:

**NEW** Registered Agent: \_\_\_\_\_

**NEW** Registered Office Address: 701 BRICKELL AVENUE SUITE 1650  
**(MUST BE FLORIDA STREET ADDRESS)** MIAMI, FL 33131

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

  
\_\_\_\_\_  
Signature of a member or authorized representative of a member

**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

**Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314**  
**FILING FEE: \$25.00**