M57518

(Requestor's Name)
(Address)
,
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
(2004)
Certified Copies Certificates of Status
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SECRETARY OF STATE
SECRETARSSEE FLORIDA

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COVER LETTER

TO: Amendment Section Division of Corporations
SUBJECT: \\ \ELLOWTAILS, INC. \\ (Name of Corporation)
DOCUMENT NUMBER: M 575 18
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:
Louis L. ha Fontisee, L. (Name of Contact Person)
11
(Firm/Company)
3121 COMMODORE PLAZA #301 (Address) HIAMI FL 33133 (City/State and Zip Code)
(City/State and Zip Code) For further information concerning this matter, please call:
Name of Contact Person) at (305) N444-3121 (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.
Mailing Address: Amendment Section Street Address: Amendment Section
Division of Corporations Division of Corporations
P.O. Box 6327 Clifton Building Tallahassee, FL 32314 2661 Executive Center Circle
Tallahassee, FL 32314 Tallahassee, FL 32301
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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 Florida.
in order to change its registered office or registered agent, or both, in the State of Florida.
1. The name of the corporation: ELLOWTAILS, INC.
2. The principal office address: 3105 COMMODORE PLAZA
MIAMI, FL 33133
3. The mailing address (if different):
4. Date of incorporation/qualification: 8 17 87 Document number: M 575 18
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:
EMILIO CALLEJA
7201 5W 48 ct FR 4 T
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MIAMI, FL 33143
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):
LOUIS L. HA FONTISEE, JR.
3121 COMMODORE PLAZA #301 (P.O. Box NOT acceptable)
MIAMI, FL 33132
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.
(Signature of an officer or director) HALUK KOROGLU - PRES (Printed or typed name and title)
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.
Access 6-16-06 (Signature of Registered Agent) (Date)
(Signature of Registered Agent) LOUIS A. LA FONTISEE, L.
If signing on behalf of an entity:
∽
(Typed or Printed Name)

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 * * *