

Florida Department of State

Division of Corporations Public Access System

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To:

Division of Corporations

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From:

Account Name

: HELLER WALDMAN, P.L.

Account Number : I20090000050

Phone

: (305)448-4144

Fax Number

: (305)448-4155

REGISTERED AGENT CHANGE

ESSENCE CORP.

Certificate of Status	0
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COVER LETTER

UBJECT:	ESSENCE CORP.
	Name of Corporation
OCUMENT NUM	BER: M75032
e enclosed Stateme	ent of Change of Registered Office/Agent and fee are submitted for filing.
ease return all corre	spondence concerning this matter to the following:
_	Robert Beraha
	Name of Contact Person
	Heller Waldman, P.L.
	Firm/Company
_	3250 Mary Street Suite 102 Address
	Audross
· _	Coconut Grove, FL 33133 City/State and Zip Code
	* * * * * * * * * * * * * * * * * * *
E	-mail address: (to be used for future annual report notification)
or further information	on concerning this matter, please call:
F	of Contact Person Area Code & Daytime Telephone Numb
Name	of Contact Person Area Code & Daytime Telephone Numb

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

CR2E045 (8/05)

1,0

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

statement of cha	provisions of sections 60 inge is submitted for a co er to change its registered	rporation organiz	ed under the laws of t	he State of Flo	rida	_
1. The name of	the corporation: Essen	ce Corp.				
2. The principal	office address: 1221 B	rickell Avenue	, Suite 1050, Mlar	ni, Florida, 3	3131	
3. The mailing a	uddress (if different): Sar	ne as above				
4. Date of incorp	poration/qualification:	4-1-1988	Document numbe	π	V175032	
	i street address of the current of State: (If resigne			e on file with the	ıe	
-	Patricia Bona					
	1101 Brickell Aven	ue #801-S		·		
	Miami, Florida, 331	31				
6. The name and (if changed):	d street address of the new		(if changed) and /or re	egistered office	SECRE	
	Patricia Bona (unch 1221 Brickell Avenu			33131	G -6 PN 1 TARY OF STA ASSEE FLOR	TLED
The street addre	ess of its registered office be identical.	e and the street a	idress of the business	office of its re	agglered aggr	nt,
Such ohange we authorized by t	as authorized by resolution board, for the corporation	on duly adopted l ion has been noti	by its board of directo fied in writing of the	ors or by an off change.	icer so	
<u> Mag</u>	Col and officier or director		PATRICIA	BONA MAINS AND BUILD	VP_	_
444	the appointment as regit to comply with the provided I am familiar with and an filed merely to reflect bean notified in writing waste of Registered Agent	stered agent and sions of all statut accept the oblig tachinge in the of this change.	agree to act in this construction of my position of my position of registered office addition to the properties of the construction of the constru	pacity. ver and comple us registered ag ress, I hereby co	te performar ent. Or, if t onfirm that t	ice his he
PAT	half of an entity: RICA Proped or Printed Name	JA_				

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

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
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