

N060000011067

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

R.A.

TB

JUL 21 2010

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: GEMATRIA 888, INC.
Name of Corporation

DOCUMENT NUMBER: NO6000011067

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:

TENANDA MADHI
Name of Contact Person

GEMATRIA 888, INC.
Firm/Company

P.O.B. 1729
Address

MT. DORA FL. 32756
City/State and Zip Code

TENANDA 888@comcast.net
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

TENANDA MADHI at (352) 978-3043
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
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 FLORIDA in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: GEMATRIA 888, INC.
2. The principal office address: 2734 OLD HWY 441
MT. DORA, FL. 32757
3. The mailing address (if different): P.O. BOX 1729
MT. DORA, FL. 32756
4. Date of incorporation/qualification: 10/23/06 Document number: ND6000011067
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)

OSHA HARAMA
1335 ELRAY BLVD.
MT. DORA, FL. 32757

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

TENANDA MADHI
37130 C.R. 439
P.O. Box NOT acceptable
EUSTIS, FL. 32736

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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.

X Thoram Charanda
Signature of an officer or director

Thoram Charanda DIRECTOR T.
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.

Tenanda Madhi
Signature of Registered Agent

7/19/10
Date

If signing on behalf of an entity:

Typed or Printed Name

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