

N 17000005828

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

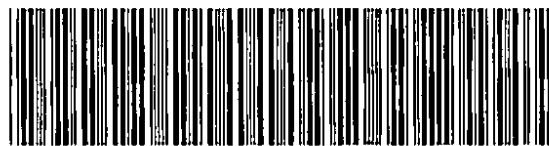
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C. GOLDEN

NOV 17 2017

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Expressions in Motion, Inc
Name of Corporation

DOCUMENT NUMBER: N17000005828

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:

Sybil N. Burt
Name of Contact Person

Etudes de Ballet Inc and Expressions in Motion, Inc
Firm/Company

3285 Pine Ridge Rd
Address

Naples, FL 37109
City/State and Zip Code

snburt1@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Sybil N. Burt at (239) 207-2734
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: Expressions in Motion, Inc.

2. The principal office address: 3285 Pine Ridge Rd.
Naples, FL 34109

3. The mailing address (if different): _____

4. Date of incorporation/qualification: 5/31/17 Document number: N17000005828

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)
United States Corporation Agents, Inc.
13302 Winding Oak Court, Suite A
Tampa, FL 33612

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):
Sybil N. Burt
622 Shoreline Dr
P.O. Box NOT acceptable
Naples, FL 34119

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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.

Heather Burt
Signature of an officer or director

Heather Burt Director
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.

Sybil Burt
Signature of Registered Agent

11.10.17
Date

If signing on behalf of an entity:

Typed or Printed Name

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