

NA99000004486

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

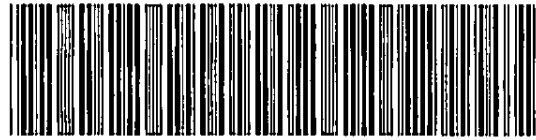
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



300305202303

11/07/17--01018--017 **35.00

FILED

17 NOV -7 AM 10:07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Richy

R. WHITE

NOV 7 2017

13

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: The SOBE ROOM, INC
Name of Corporation

DOCUMENT NUMBER: N99000004486

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:

Marc Nudel
Name of Contact Person

SOBE ROOM, INC
Firm/Company

1718 BAY RD
Address

MIAMI BEACH, FL 33139
City/State and Zip Code

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

For further information concerning this matter, please call:

Marc Nudel at (917) 640-1117
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 FL in order to change its registered office or registered agent, or both, in the State of Florida.

- 1. The name of the corporation: SUBE ROOM, INC
- 2. The principal office address: 1718 BAY RD
MIAMI BEACH, FL 33139
- 3. The mailing address (if different): _____

4. Date of incorporation/qualification: 7/28/1999 Document number: N9900000486

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)

MARC NUDEL
1200 South Pine Island Rd
Plantation, FL 33324

17 NOV -7 AM 10:07
FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

Marc Nudel
1718 BAY RD
P.O. Box NOT acceptable
Miami Beach, FL 33139

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]
Signature of an officer or director

Marc Nudel Treasurer
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.

[Signature]
Signature of Registered Agent

11/1/07
Date

If signing on behalf of an entity:

Marc Nudel
Typed or Printed Name

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

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