## P00000030579

(Re	equestor's Name)	
(Ad	idress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	; #)
PICK-UP	☐ WAIT	MAIL
/D:	rsiness Entity Nam	
ua)	siness Enuty Nam	iej
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
		ļ
		ł
		1
,		
!		ſ

Office Use Only



300058977203

09/15/05--01006--015 \*\*35.00

RA charge

## **COVER LETTER**

TO:	Amendment Section Division of Corporations
SUBJ	ECT: Mark Meyers Holdings, Inc. (Name of corporation)
DOC	UMENT NUMBER: P00000030579
The er Please	nclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.  PLO MANAGE THAT STATES:  return all correspondence concerning this matter to the following:
	Savita Kezerle
	(Name of contact person)
	SU/NM Holding Eng Fai).
	1802 North University Drive, #226
	(Address)
	Plantation, Florida 33322 USA
	(City/state and zip code)
For fu	rther information concerning this matter, please call:
Savita	Kezerle at (518 ) 468-9972
	(Name of contact person) at (518 ) 466-9972 (Area code & daytime telephone number)
Enclos	sed 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 Division of Corporations 409 E. Gaines Street Tallahassee, FL 32399

CR2E045(6/04)

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

	visions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this
	e is submitted for a corporation organized under the laws of the State of Florida o change its registered office or registered agent, or both, in the State of Florida.
1. The name of the	corporation: Mark Meyers Holdings, Inc.
2. The principal off	ice address: 1802 North University Dr., #226
Plantation, Flori	
3. The mailing add	ress (if different): //
4. Date of incorpora	etion/qualification: 03-20-00 Document number: P00000030579
5. The name and str Florida Departme	reet address of the current registered agent and registered office on file with the ent of State:
Gr	regory A. Martin, Esq.
80	1 Brickell Avenue, 9th Floor
Mi	iami, Florida 33131
6. The name and str (if changed):	reet address of the new registered agent (if changed) and /or registered office
Sa	wita Kezerle
18	02 North University Drive, #226
	(P.O. Box NOT acceptable)
Ple	entation, FL 33322 USA
The street address as changed will be	of its registered office and the street address of the business office of its registered agent, identical.
Such change was a authorized by the b	uthorized by resolution duly adopted by its board of directors or by an officer so board, or the corporation has been notified in writing of the change.
<del></del>	Savita Kezerle
	(Printed or typed name and true)
I nereby accept the I further agree to c of my duties, and I document is being J corporation has be	appointment as registered agent and agree to act in this capacity, omply with the provisions of all statutes relative to the proper and complete performance am familiar with and accept the obligation of my position as registered agent. Or, if this filed merely to reflect a change in the registered office address, I hereby confirm that the en notified in writing of this change.
(Signalu	of Registered Agent) 125e/o 2005.
If signing on behalf	f of an entity:
•	
(Typed	for Printed Name)

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