

P000000098534

Kathleen Dolan-Valdes, P.A.  
11120 N. Kendall Drive, Suite 200  
Miami, Florida 33176  
City/State/zip none #

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-01/04/01--01089--009  
\*\*\*\*\*35.00 \*\*\*\*\*35.00

Office Use Only

**CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):**

1. \_\_\_\_\_  
(Corporation Name) (Document #)
2. \_\_\_\_\_  
(Corporation Name) (Document #)
3. \_\_\_\_\_  
(Corporation Name) (Document #)
4. \_\_\_\_\_  
(Corporation Name) (Document #)

- ☐ Walk in ☐ Pick up time ☐ Certified Copy  
☐ Mail out ☐ Will wait ☐ Photocopy ☐ Certificate of Status

**NEW FILINGS**

- ☐ Profit  
☐ Not for Profit  
☐ Limited Liability  
☐ Domestication  
☐ Other

**AMENDMENTS**

- ☐ Amendment  
☐ Resignation of R.A., Officer/Director  
☐ Change of Registered Agent  
☐ Dissolution/Withdrawal  
☐ Merger

**OTHER FILINGS**

- ☐ Annual Report  
☐ Fictitious Name

**REGISTRATION/QUALIFICATION**

- ☐ Foreign  
☐ Limited Partnership  
☐ Reinstatement  
☐ Trademark  
☐ Other

01 JAN - AM 11:26  
FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

P000000098534  
12-11-01  
RAEM  
200

Examiner's Initials

## STATEMENT OF CHANGE OF REGISTERED OFFICE FOR CORPORATIONS

Pursuant to the provisions of section 607.0502(3), 617.0502(3), 607.1508(2), or 617.1508(2), Florida Statutes, the undersigned registered agent of a corporation organized under the laws of the State of Florida submits the following statement in order to change the registered office in Florida.

1. The name of the corporation: Eddyla Corp.

2. The street address of the current registered office:

Kathleen Dolan-Valdes PA.  
9010 SW 137 Avenue Suite 209  
MIAMI FL 33186

3. The street address of the new registered office:

Kathleen Dolan-Valdes, P.A.  
11120 N. Kendall Dr. Suite 200  
MIAMI FL 33176

The corporation has been notified in writing of this change.

The street address of the registered office and the street address of the business office of the registered agent, as changed, will be identical.

Date: 12/2000

  
(Signature of Registered Agent)

Kathleen Dolan-Valdes  
(Printed or Typed Name)

Filing Fee: \$35.00

Make checks payable to Florida Department of State and mail to:  
Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

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01 JAN -4 AM 11:20  
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TALLAHASSEE, FLORIDA