OCUMENT# P0100	0065707		/	/		P01000065	707 ·
Entity Name SAMDA INC.		•	· /	FILED		·	
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Cipal Place of Business N E 169TH STREET MIAMI BEACH FL 33162 ADDRESS	Mailing Address POST OFFICE BOX 641245 N. MIAMI BEACH FL 33164		SECR	ETARY OF S AHASSEE, FI	Orab. LVIII	•	1
Principal Place of Business	Mailing Address	1245		1.			
Suite, Apt. #, etc.	Suite, Apt. #, etc	H, MIAN	~	DO	NOT WRITE IN	THIS SPACE	
RAMAR	CHEROLOGE	TL:		FEI Number 1130	749		Applied For Not Applicat
2023 BROWAR)	2200 3316	Country	DE 5.	Certificate of Status	Desired [\$8.75 Fee Req	Additional sired
6. Name and Address of Current i		Name	7.	Name and Address	of New Regist	ered Agent	
odi, Hezekiah 108 n e 1891'h street			Address (P.O.	(P.O. Box Number is Not Acceptable)			
I. MIAMI BEACH FL 33162				·			
•		City				ment 1 7 in C	ode
no above named anity submits this statement for	r the ourness of changing its r	City	r registered a	nent or both in the	State of Florida	FL Zip C	<u> </u>
	r the purpose of changing its r		r registered a	gent, or both, in the	State of Florida.	FL	<u> </u>
he obligations of registered agent.	·				·	FL	<u> </u>
ne obligations of registered agent. NATURE Signature, typed or printed name of registered agent a This corporation is eligible to satisfy its intangible fax filing requirement and elects to do so.	FILE NOW!!! After September 13,	egistered office of Registered Agent signs 1: FEE [®] IS \$550 2002 Fee will I	.00 .00 \$750.00	reinstating)	·	1 am familiar w	<u> </u>
This corporation is eligible to satisfy its intangible Tax filing requirement and elects to do so. (See criteria on back) OFFICERS AND I	FILE NOW!!! After September 13, Make Check Payabl	egistered office of Registered Agent signs 1: FEE [®] IS \$550 2002 Fee will I	.00 pe \$750.00 at of State	reinstating)	t mpaign Financin Contribution.	I am familiar w	in, and accer
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