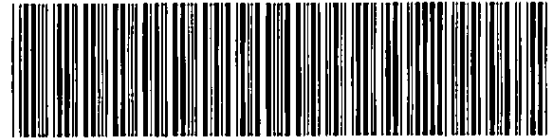


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TO: Amendment Section
Division of Corporations

SUBJECT: 901 NINE ISLAND INC
Name of Corporation

DOCUMENT NUMBER: P0200083551

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:

LAURENCE LABENE
Name of Contact Person

901 NINE ISLAND INC
Firm/Company

9 ISLAND AVENUE UNIT 901
Address

MIAMI BEACH FL 33139
City/State and Zip Code

E-mail address: (to be used for future annual report notification)
LAURENCELAB7777@GMAIL.COM

For further information concerning this matter, please call:

LAURENCE LABENE at (+133) 609 756789
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
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

