

PO2000083551

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

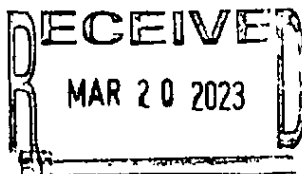
☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

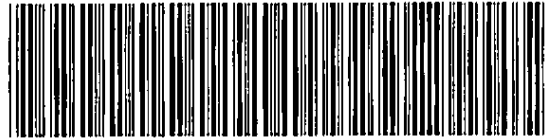
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JUN 20 2023

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COVER LETTER

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

**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 FLORIDA in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: 901 NINE ISLAND INC
2. The principal office address: 9 ISLAND AVENUE, UNIT 901
MIAMI BEACH, FL 33139
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 08/01/2002 Document number: P02000083551
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)

Woodbridge, FREDERICK, JR. P.A
2655 S. LEJEUNE RD, Suite 543
CORAL GABLES FL 33134

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

LAURENCE LABENE
9 ISLAND AVENUE, UNIT 901
MIAMI BEACH FL 33139

P.O. Box NOT acceptable

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.

LaBene
Signature of an officer or director

LAURENCE LABENE DPST
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.

LaBene
Signature of Registered Agent

03/13/2023
Date

If signing on behalf of an entity:

Typed or Printed Name

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