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COVER LETTER

TO: Amendment Section Division of Corporations					
SUBJECT: +urnish	Me Inc. me of Corporation)				
DOCUMENT NUMBER: PO 300	0020395				
The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.					
Please return all correspondence concerning th	is matter to the following:				
Jenni f (Nam	er Miller ne of Contact Person)				
Furnish Me, Inc. (Firm/Company)					
920 SW 2 DL (Address)					
Pompano Blach, 71 33069 (City/State and Zip Code)					
For further information concerning this matter,	please call:				
Jennifer Mille (Name of Contact Person)	at (954) 861-2472 (Area Code & Daytime Telephone Number)				
Enclosed is a \$35.00 check made payable to the Department of State.					
Mailing Address: Amendment Section Division of Corpora P.O. Box 6327 Tallahassee, FL 323	tions Division of Corporations Clifton Building				

Tallahassee, FL 32301

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

•	sions of sections 607.0502, 617.050			1	
	s submitted for a corporation organ			•	-
in order to c	hange its registered office or regist l	tered agent, or both, it	n the State of Florid	da.	
1. The name of the co	orporation: <u>FULCITS</u>	h Me, Inc	1		
2. The principal offic	e address: <u>920 SL</u>	ward PL			
	Pompan	O Beach;	Th 3300	69	·-···
3. The mailing addres	ss (if different):	·			
4. Date of incorporati	on/qualification: <u>02/200</u>	3 Document nun	nber: <u>P030</u>	00020	395
	et address of the current registered a	agent and registered o	ffice on file with th	le ₹ o	
Florida Departmen				70	Service .
	Hami Gayikian, El		-	OCT I	risin
	200 Southeast 6th Suite 102	JI.	·	SSE SSE	
	Ft. Lauderdale, F	L 33301		E PE	
6. The name and stree (if changed):	et address of the new registered age	nt (if changed) and /o	r registered office	STATE LORIDA	-
<u> </u>	Jennifern	iller	· · · · · · · · · · · · · · · · · · ·		
	Larrish M (P.O. Box NOT acceptable	e, 10c.			
	920 SW 2nd	PL, tompar	o Beach, FL	- 33069	1
The street address of as changed will be id	its registered office and the stree lentical.	t address of the busin	ess office of its re	gistered ager	ıt,
Such change was au authorized by the bo	thorized by resolution duly adopte ard, on the corporation has been n	ed by its board of directified in writing of t	ectors or by an offi the change.	icer so	
Ul Charie	in the cert or director)	Michael	Krasun - For typed name and title)	Preside	+~
I hereby accept the c I further agree to co of my duties, and I a document is being fi corporation has bee	appointment as registered agent a imply with the provisions of all sta in familiar with and accept the ob led merely to reflect a change in t in notified in writing of this change	nd agree to act in thi tutes relative to the p ligation of my position he registered office a 2.	s capacity. proper and comple on as registered ag ddress, I hereby co	te performan zent. Or, if th onfirm that th	ice his he
(Signature	offegistered Agent)		10/01/01 (Date)		-
/ If signing on behalf					
(Typed	or Printed Name)				

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314 CR2E045 (8/05)

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