

P03000154748

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

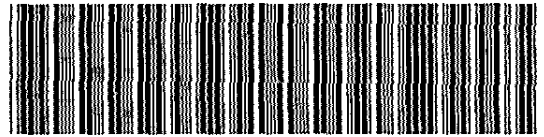
(Business Entity Name)

(Document Number)

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07 FEB 15 PM 4:30  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

RA Change

02-20-07

Dc



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

February 8, 2007

LEONARDO ALMEIDA  
NOTHING BUT INITIALS, INCORPORATED  
P. O. BOX 660618  
MIAMI SPRINGS, FL 33266-0618

SUBJECT: NOTHING BUT INITIALS, INCORPORATED  
Ref. Number: P03000154748

We have received your document and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

To change the registered agent or registered office, or both, the enclosed form should be completed and returned to this office with a filing fee of \$35.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6906.

Darlene Connell  
Document Specialist

Letter Number: 407A00009679

**Nothing But Initials, Incorporated**

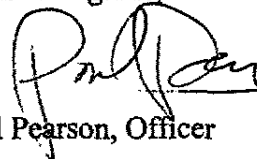
Mailing/Payments: P.O. Box 660618, Miami Springs, Florida, 33266-0618  
Corporate: 305-513-9277 Fax: 432-577-7827 E-Mail: NBIDeliveryMiami@yahoo.com

Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

To whom it may concern:

Enclosed, please find a Statement of Change for a Registered Agent. Your records will show that we accidentally sent you the incorrect form last week to do this; please apply the \$35.00 fee from that initial filing to this one. Thank you! Please don't hesitate to contact me if you have any additional questions.

Best regards,



Paul Pearson, Officer

RECEIVED  
07 FEB 15 AM 8:00  
DIVISION OF CORPORATIONS

## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Nothing But Initials, Incorporated  
(Name of Corporation)

**DOCUMENT NUMBER:** P03000154748.

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:

Leonardo Almeida  
(Name of Contact Person)

Nothing But Initials, Incorporated  
(Firm/Company)

P.O. Box 660618  
(Address)

Miami Springs, FL 33266  
(City/State and Zip Code)

For further information concerning this matter, please call:

Leonardo Almeida at ( 305 ) 513-9277  
(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  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**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: Nothing But Initials, Incorporated
2. The principal office address: 4550 N.W. 9th Street, #210-E, Miami, Florida, 33126.
3. The mailing address (if different): P.O. Box 660618, Miami Springs, FL 33266.
4. Date of incorporation/qualification: 12/16/2004 Document number: P03000154748
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:

Daniel Almeida

4550 N.W. 9th Street, #210-E

Miami, FL 33126

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

Leonardo Almeida

4550 N.W. 9th Street, #504-E

(P.O. Box NOT acceptable)

Miami, FL 33126

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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.

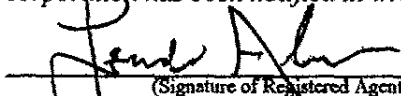


(Signature of an officer or director)

Paul Pearson, Officer

(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.*



(Signature of Registered Agent)

February 9th, 2007

(Date)

If signing on behalf of an entity:

(Typed or Printed Name)

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

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