## PO4000141170

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SECRETARY OF STATE
TALLIAHASSEE, FINALE

R.A. Chorge C.COULLIETTE

JUN - 8 2009

**EXAMINER** 

## **COVER LETTER**

Division of Corp	orations		
SUBJECT: ED	WARDS MANAGEMI Name of Co	ENT GROUP, INC	<u>.                                    </u>
DOCUMENT NUMBER	R:P040	00141170	
The enclosed Statement of	of Change of Registered Office	/Agent and fee are subm	itted for filing.
Please return all correspo	ndence concerning this matter	to the following:	
	BARBARA E Name of Con		<u></u>
E	DWARDS MA	VASEMENT mpany	- GROUP, INC
	4302 HOLLYWOO Addr		<del></del>
<del></del>	HOLLYWOOI City/State an	O, FL 33021 d Zip Code	
	barbara@edwa	ırdsmg.com	
E-ma	il address: (to be used for fu	iture annual report noti	fication)
	oncerning this matter, please co		789_1 <i>i</i> 25
	Contact Person	Area Code & Dayt	788-1435 ime Telephone Number
Enclosed is a \$35.00 chec	k made payable to the Departr	nent of State.	
. I	Mailing Address: Amendment Section Division of Corporations P.O. Box 6327 Callahassee, FL 32314		ection orporations ng ve Center Circle
		Tallahassee, F	FL.32301

TO: Amendment Section

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

statement of cha	unge is submitted for a co	orporation organized	07.1508, or 617.1508, Flow I under the laws of the State I agent, or both, in the State	e of FLORIDA	
1. The name of	the corporation: EDW	ARDS MANAC	SEMENT GROUP,	INC.	
	office address: 4302 F	·	LVD., #231		
	address (if different):			-	7 24
4. Date of incorp	poration/qualification:	10/12/2004	Document number:	P04000141170	
	I street address of the curtiment of State: (If resign		t and registered office on fi	le with the	
	TR HERRERA				
	1250 É HALLAND	ALE BCH BLVD	.,,#1004		
	HALLANDALE FL	33009		09.	
6. The name and (if changed):	I street address of the ne	w registered agent (i	f changed) and /or registere	O9 JUN -4 ECRETAR) ELAHASSE	CZA CZA
	BARBARA EDWA	RDS			1
	4302 HOLLYWOO				-
	HOLLYWOOD, FL	P.O. Box NOT acc . 33021	eptable	Q6 AFE RIDA	
The street address changed will	ess of its registered office be identical.	ce and the street add	lress of the business office	of its registered agent,	
			its board of directors or b		
Nigratus .	The distriction of sufficient	dS -	BARBARA EI	DWARDS	
I hereby accept I further agree of my duties, an document is bei corporation has	the appointment as reg to comply with the prov d I am familiar with an ng filed merely to reflec s been notified in writin	istered agent and a isions of all statutes d accept the obligat ct a change in the re g of this change.	gree to act in this capacity relative to the proper and ion of my position as regi gistered office address, I	y d aamalata naufamuana	
	Manufacture of Recipierred Agenti	<u>as</u>	05-3/-	09	
If signing on be	half of an entity:				
· ·	yped or Printed Name	<del></del>			

\* \* \* 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)