

P05000039524

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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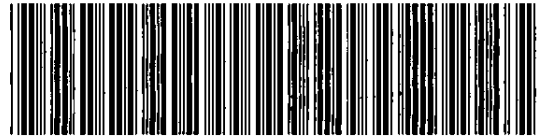
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

*RACH*  
*1/29/10*

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** THE RED STRING II INC.  
Name of Corporation

**DOCUMENT NUMBER:** P0500039524

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:

SEMONE ZAMYIATIN  
Name of Contact Person

THE RED STRING II INC.  
Firm/Company

17885 COLLINS AVENUE #1802  
Address

SUNNY ISLES BEACH, FLORIDA 33160  
City/State and Zip Code

SEMONEZAMYATIN@BELLSOUTH.NET  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

SEMONE ZAMYIATIN at ( 305 ) 466-6843  
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: THE RED STRING II INC.
- 2. The principal office address: 17885 COLLINS AVENUE #1802  
SUNNY ISLES BEACH, FLORIDA 33160
- 3. The mailing address (if different): \_\_\_\_\_
- 4. Date of incorporation/qualification: 03/13/2005 Document number: P0500039524

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)

ALAN SRAGOWICZ (RESIGNED)  
1932 MICHIGAN AVENUE #4  
MIAMI BEACH, FLORIDA 33139

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

SEMONE ZAMYIATIN  
17885 COLLINS AVENUE #1802  
P.O. Box NOT acceptable  
SUNNY ISLES BEACH, FLORIDA 33160

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.

\* *Semone Zamyiatin* \_\_\_\_\_ SEMONE ZAMYIATIN  
Signature of an officer or director 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.*

\* *Semone Zamyiatin* \_\_\_\_\_ 01/20/2010  
Signature of Registered Agent Date

If signing on behalf of an entity:  
SEMONE ZAMYIATIN  
Typed or Printed Name

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