## P06000001418

(Re	equestor's Name)	· · · · · · · · · · · · · · · · · · ·
(Ad	ddress)	
(Address)		
. (C	ty/State/Zip/Phone#	(4)
PICK-UP	☐ WAIT	MAIL
(Bi	usiness Entity Name	e) •
		•
	ocument Number)	
(3)		
Certified Copies	Certificates o	of Status
	THE THE CONTRACT OF STREET	1
Special Instructions to	Filing Officer:	
	<del></del>	

Office Use Only



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2009 FEB -5 PH 12: 49
SECKETARY OF STATE

R.A.

TB 7-11-09

## **COVER LETTER**

TO: Amendment Division o	nt Section f Corporations		
	Endless Poss Abilitie		
DOCUMENT NU	MBER: \$060000	1418	
The enclosed State	ment of Change of Registered Office/A	Agent and fee are submitted for filing.	
	prespondence concerning this matter to		
·	Janie Le	vin	
	(Name of Conta	act Person)	
	Endless Poss A	Abilities Inc.	
-	12289 SW 14 (Addre	14 Terr	
_	Miani FL (City/State and	33186 Zip Code)	
For further information concerning this matter, please call:			
		at (305) 259 - 7493 (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: Encless Pass Abilities Inc.
2. The principal office address: 12289 S.W. 144 Terr
Miani FL 33186
3. The mailing address (if different):
4. Date of incorporation/qualification: 1/3/2006 Document number: PO600001418
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)
Corporate Creations Network Inc.
11380 Prosperity Farms Rd # 221 E = 50 =
Palm Beach Gardens FL 33410 FR TO THE
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):
(if changed):  Jamie Levin  12280 (i) 1411 For
<u> </u>
(P.O. Box NOT acceptable)
Miami FL 33186
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.
Danversence Jamie Levin President
(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.
DWW 12/22/2008
(Signature of Registered Agent) (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)