

Division of Corporations

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Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations
Fax Number : (850) 617-6380

From:

Account Name : DIVERSIFIED CORPORATE SERVICES INT'L, INC.
Account Number : I20090000024
Phone : (518) 229-8228
Fax Number : (302) 371-9850

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: JERRY@DIVERSIFIEDCORP.COM

REGISTERED AGENT CHANGE AEDN FOUR SEASONS, INC.

| | |
|-----------------------|---------|
| Certificate of Status | 0 |
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| Page Count | 01 |
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**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: AEDN Four Seasons, Inc.
2. The principal office address: 463 7th Avenue, Suite 1301
New York, NY 10018
3. The mailing address (if different): _____

4. Date of incorporation/qualification: 01/27/2008 Document number: P06000015964

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)

Joel S. Plotkowski

317 71st Street

Miami Beach, FL 33141

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

Diversified Corporate Services Int'l, Inc.

18560 North Bay Road

P.O. Box NOT acceptable

Sunny Isles Beach, FL 33180-2439

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.

s/ Benjamin Lieberman
Signature of an officer or director

Benjamin Lieberman, President

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.*

s/ Jerry Joseph
Signature of Registered Agent

October 13, 2017

Date

If signing on behalf of an entity:

Jerry Joseph, President

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 (03/12)

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