

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 : I20090000624  
Phone : (518) 229-8229  
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 VIRGINIA, INC.**

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$35.00

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DIVISION OF STATE  
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TALLAHASSEE, FLORIDA

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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 Virginia, 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: 03/03/2008 Document number: P06000032219

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. Plotrkowski

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 33160-2439

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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