P6600065784

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SECRETARY OF STATE ALLAHASSEE, FLORIDA



COVER LETTER

Amendment Section Division of Corporations

TO:

	STOUGH INTER	NATIONAL INC	
SUBJECT:	STOUGH INTERI	Corporation	
DOCUMENT NUME	ER:P(06000065784	
The enclosed Statemer	t of Change of Registered Of	fice/Agent and fee are sui	omitted for filing.
Please return all corres	pondence concerning this ma	tter to the following: .	•
	STEPHE Name of 0	EN STOUGH Contact Person	· · · · · · · · · · · · · · · · · · ·
_	STOUGH INTE	RNATIONAL, INC.	1
		DLAS BLVD., STE 13	: 6
	A	ddress	:
_	FORT LAUDE City/State	RDALE, FL 33301 and Zip Code	
· E-1	mail address: (to be used fo	r future annual report n	otification)
For further information	concerning this matter, pleas	e call:	
	phen Stough	at (954)	980-8444
Name o	f Contact Person	Area Code & D	aytime Telephone Number
Enclosed is a \$35.00 cl	neck made payable to the Dep	artment of State.	•
	Mailing Address: Amendment Section Division of Corporations P.O. Box 6327	Street Addr Amendmen Division of Clifton Bui	t Section Corporations

2661 Executive Center Circle

Tallahassee, FL 32301

Tallahassee, FL 32314

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

Pursuant to the provisions of statement of change is subn	nitted for a corporation org	anized under the laws o	of the State of Florid	<u>a</u>
in order to change	its registered office or reg	istered agent, or both, it	n the State of Florida.	
1. The name of the corporat				
2. The principal office addr		DLAS BLVD., STE	136	
FORT LAUDERDA	LE, FL 33301	- · · · · · · · · · · · · · · · · · · ·		
3. The mailing address (if d	ifferent):			
4. Date of incorporation/qu	alification:05/09/20	06 Document nun	nber: <u>P0600</u>	0065784
5. The name and street addr Florida Department of St	ress of the current registered ate: (If resigned, enter resigned)		ffice on file with the	,
George	M. Evans		•	FEET OF
801 DO	UGLAS ROAD-CATH	EDRAL ROOM - S	SUITE 101	
CORAL	GABLES FL 33134 U	JS	: 	SSIE.
6. The name and street add (if changed):	ress of the new registered a	gent (if changed) and /o	or registered office	FLORES
ALAN I.	KARTEN		 	" ,
1888 N	N 7th STREET		•	
CORAL	GABLES FL 33125	NOT acceptable	í	
The street address of its reas changed will be identic	gistered office and the stral.	eet address of the busin	ness office of its regi	stered agent,
Such change was authorized by the board, o	ed by resolution duly adopr the corporation has been	oted by its board of dir notified in writing of	ectors or by an office the change.	er so
Signature of an officer	•	Printed	phen Stough, P. or typed name and title	
I hereby accept the appoint I further agree to comply of my duties, and I am fan document is being filed me corporation has been not	ntment as registered agent with the provisions of all s niliar with and accept the erely to reflect a change it fied in writing of this char	and agree to act in th statutes relative to the l obligation of my positi the registered office of age.	is capacity proper and complete on as registered age address, I hereby con	performance nt. Or, if this ifirm that the
x			une 10, 2010	<u></u>
Signature of Regi	stered Agent	, •	Date	
If signing on behalf of an	entity:			
Typed or Printe	d Name			

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

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

COVER LETTER

TO: Amendment Division o	nt Section f Corporations		,
SUBJECT:	STOUGH INTERNA	ATIONAL, INC.	
DOCUMENT NU		6000065784	
•	ment of Change of Registered Office	_	a for filling.
Please return all co	prrespondence concerning this matte	r to the following:	
		•	
•	STEPHEN	I STOUGH	
	Name of Co	ntact Person	
	*		
		RNATIONAL, INC.	
	Firm/C	ompany	
		•	
		AS BLVD., STE 136	· ·
•	Add	lress	
,			
		DALE, FL 33301	
	City/State a	nd Zip Code	
		•	
_	E-mail address: (to be used for the	future annual report notific	cation)
		,	
For further information	ation concerning this matter, please	call:	
	Stephen Stough	at (954) .	980-8444
Nai	me of Contact Person	Area Code & Daytim	e Telephone Number
Enclosed is a \$35.0	00 check made payable to the Depar	tment of State	
	· .		
	Molling Address	Stuant Addings.	
	Mailing Address: Amendment Section	Street Address: Amendment Sec	tion
	Division of Corporations	Division of Cor	
	P.O. Box 6327	Clifton Building	=
	Tallahassee, FL 32314	2661 Executive	
		Tallahassee, FL	32301

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

statement of char	provisions of sections 607.0502, 617.05 nge is submitted for a corporation orgo r to change its registered office or regi.	anized under the laws of the State	of Florida
1. The name of the	he corporation: STOUGH INTE	RNATIONAL, INC.	
2. The principal	office address: 1314 EAST LAS O	LAS BLVD., STE 136	
FORT LAL	JDERDALE, FL 33301		
.3. The mailing ac	ddress (if different):		-
4. Date of incorp	poration/qualification: 05/09/200	Document number:	P06000065784
	I street address of the current registered tment of State: (If resigned, enter resig	-	with the
	George M. Evans	,	
	801 DOUGLAS ROAD-CATH	EDRAL ROOM - SUITE 10°	
	CORAL GABLES FL 33134 U	S :	TALL AHAS
6. The name and (if changed):	I street address of the new registered ag	gent (if changed) and /or registered	office ANASSEE
	ALAN I. KARTEN		To ??
	1888 NW 7th STREET		
	CORAL GABLES FL 33125	NOT acceptable	<i>,,</i> ,
The street addre	ess of its registered office and the stre be identical.	eet address of the business office	of its registered agent,
Such change was authorized by th	as authorized by resolution duly adop he board, or the corporation has been	oted by its board of directors or be notified in writing of the change	y an officer so
Signatur	re of an officer or directly	Stephen Sto	ugh, P.
I hereby accept I further agree to of my duties, an document is bed corporation has	the appointment as registered agent to comply with the provisions of all si ad I am familiar with and gooept the d ing filed merely to reflect a change in s been notified in writing of this chan	and agree to act in this capacity. tatutes relative to the proper and obligation of my position as regis the registered office address, I h ge.	complete performance tered agent. Or, if this sereby confirm that the
× <		June 10, 2	2010
Sig	nature of Registered Agent	Date	
If signing on be	ehalf of an entity:	•	
т	yped or Printed Name		

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