## P06000077829

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(Cit	ty/State/Zip/Phone	∍ <b>#</b> )			
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Achange News 115-10

## **COVER LETTER**

TO:	Amendment Section Division of Corporation	s				
SUBJ	ECT:	Social Media E Name of Co	dge, Inc.			
DOC	UMENT NUMBER:	P060	00077829			
The e	nclosed Statement of Char	ige of Registered Office	Agent and fee are subm	itted for filing.		
Please	e return all correspondence	concerning this matter	to the following:			
	Craig Collins Name of Contact Person					
		Social Media Firm/Cor	Edge, Inc. npany			
	<del></del>	3660 NE 16 Addre	6 St #410			
		North Miami Bea City/State and	ach, FL 33160 I Zip Code			
	E-mail add	seorev@gm ress: (to be used for fu	nail.com ture annual report not	ification)		
For fi	urther information concern	ing this matter, please ca	all:			
<del></del>	Craig Co Name of Contac	llins t Person	at ( <u>305</u> ) Area Code & Day	766-2102 time Telephone Number		
Enclo	used is a \$35.00 check mad	e payable to the Departr	nent of State.			
	Ameno Divisio P.O. B	2 Address: Iment Section on of Corporations ox 6327 assee, FL 32314	Street Address Amendment S Division of C Clifton Build 2661 Executi	Section Corporations		

Tallahassee, FL 32301

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

statement of cha	e provisions of sections 607.0502 ange is submitted for a corporat ler to change its registered office	ion organized	under the laws of the State	e of Florida
1. The name of	the corporation: Social Med	<u>dia Edge, I</u>	nc.	
2. The principal	l office address: 3660 NE 166	6 St #410, N	<u>orth Miami Beach, F</u>	L 33160
3. The mailing	address (if different):			
4. Date of incor	rporation/qualification:06/	06/2006	Document number:	P06000077829
	nd street address of the current re artment of State: (If resigned, ent		and registered office on fi	le with the
	Craig Collins - resigned			, , , , , , , , , , , , , , , , , , ,
	3660 NE 166 St #410			
	North Miami Beach, FL 3	33160		型量工
6. The name an (if changed):	nd street address of the new regis	stered agent (if	changed) and /or registere	TALLAR SSEE.
	Rene D Morissette			- FLST
	1410 W Perdiz St	P.O. Box NOT acce	ntable	
	Tampa, FL 33612			
The street addr	ress of its registered office and ll be identical.	the street addi	ess of the business office	e of its registered agent,
Such change wauthorized by	vas authorized by resolution du the board, or the corporation ha	ly adopted by as been notifie	its board of directors or din writing of the chang	by an officer so ge.
Signat	dire of an officer or director	<del></del>	Creix Collins	Preside
I hereby accep I further agree of my duties, a document is be corporation ha	of the appointment as registered e to comply with the provisions and I am familiar with and acce eing filed merely to reflect a ch as been notified in writing of th	d agent and ag of all statutes op the obligati ange in the re is change.	ree to act in this capacit relative to the proper an on of my position as reg gistered office address, I	y. d complete performance istered agent. Or, if this hereby confirm that the
- Re	ne morissette		7/9/10	
Si	ignature of Registered Agent		* Date	
it signing on b	pehalf of an entity:			
•	Typed or Printed 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 \* \* \*