## P06000150238

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SECRETARY OF STATE,
ALLAHASSEE, FINALE,

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## **COVER LETTER**

TO: Amendment Section Division of Corporations	
SUBJECT: The Original Wedding Inc.	
(Name of Con	poration)
DOCUMENT NUMBER: P06000150238	
The enclosed Statement of Change of Registered Office/A	Agent and fee are submitted for filing.
Please return all correspondence concerning this matter to	
· -	-
Francesca Paola Di Giovanni	
(Name of Conta	ect Person)
The Original Wedding Inc.	
(Firm/Com	pany)
335 South Biscayne Boulevard, S	
(Addres	SS)
Miami, Florida, 33131	
(City/State and	Zip Code)
For further information concerning this matter, please call	l:
Francesca Paola Di Giovanni	at (786 ) 553-6467
(Name of Contact Person)	at (786 ) 553-6467 (Area Code & Daytime Telephone Number)
Enclosed is a \$35.00 check made payable to the Departme	ent of State.
Mailing Address:	Street Address:
Amendment Section	Amendment Section
Division of Corporations P.O. Box 6327	Division of Corporations
Tallahassee, FL 32314	Clifton Building 2661 Executive Center Circle
1 miniussee, 1 D 323 17	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: The Original Wedding, Inc.
The principal office address: 335 South Biscayne Boulevard, Suite 810     Miami, Florida, 33131
3. The mailing address (if different):
4. Date of incorporation/qualification: 12/05/2006 Document number: P06000150238
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:
Francesca Paola Di Giovanni
150 South East 3rd Avenue, Suite 424
Miami, Florida, 33131
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):
Francesca Paola Di Giovanni
335 South Biscayne Boulevard, Suite 810
(P.O. Box NOT acceptable) Miami, Florida, 33131
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.
FUMCOSCO Poste Victor 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.
FUNCESCOROLO DI CIANO (10/12/2007
(Signature of Registered Agent) (Date)
If signing on behalf of an entity:
(Typed or Printed Name)

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