

Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number

: (850)205-0380

From:

Account Name : CORPORATION SERVICE COMPANY

Account Number : 120000000195 Phone : (850)521-1000 Fax Number : (850)558-1575

CD

REGISTERED AGENT CHANGE

ECKS MARKETING, INC.

Certificate of Status	0
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Page Count	02
Estimated Charge	\$35.00

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Electronic Filing Menu

Corporate Filing Menu

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

Pursuant to the pastatement of characterists	rovisions of sections 607.0502, 617.05 we is submitted for a corporation orga	02, 607.1508, or 617.1508, Florida Statutes, this mixed under the laws of the State of FLORIDA	
tn order	to change its registered office or regis	nered agent, or both, in the State of Florida.	
1. The name of th	e corporation: ECKS MARKETING, I	NC.	
2. The principal of	office address: 8367 S.W. 137 AVENU	B, MIAMI, FL 33183	
z, the minipare	moo acaress.		
3. The mailing ad	dress (if different): SAME		
4. Date of incorpo	oration/qualification: 12/19/06	Document number: P06000155058	
The name and s Florida Departs		agent and registered office on file with the	
. 4	alhambra registered agents	INC.	
2	2 ALHAMBRA PLAZA, SUITE 1202		
	CORAL GABLES, FLORIDA 33134		
6. The name and a (if changed):	meet address of the new registered age	nt (if changed) and /or registered office	
	INDA C. KERR	·	
8	3367 S.W. 137 AVENUE	· .	
_	(P.O. Box NO) acceptable		
• –			
		address of the business office of its registered agent,	
Such change was authorized by the	authorized by resolution duly adopte board, or the corporation has been n	d by its board of directors or by an officer so bified in writing of the change.	
Significan	of the officer of director)	LINDA C. KERR, AUTHORIZED AGENT (Primed or typed name and tide)	
I hereby accept the further agree to of my duties, and accument is being corporation has be	e appointment as registered agent a comply with the provisions of all sta I am familiar with and accept the ob filed merely to reflect a change in the een notified in writing of this change	nd agree to act in this capacity, utes relative to the proper and complete performance ligation of my position as registered agent. Or, if this we registered office address, I hereby confirm that the	
By:	nunc of Registered Agent)	3/19/07 (Date)	
If signing on beha	If of an outly:		
<u>(1</u>)yp	ed or Printed Name)		
	* * * FILING FI	CE: \$35.00 * * *	
MAI CR2E045 (8/05)	Make checks payable to Fla L to: Division of Corporations, P	ORIDA DEPARTMENT OF STATB O. BOX 6327, TALLAHASSEE, FL 32314	

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