## POJODODOBY

| (Requestor's Name)                      |  |  |  |
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| (Address)                               |  |  |  |
| (Addiedd)                               |  |  |  |
| (Address)                               |  |  |  |
| (City/State/Zip/Phone #)                |  |  |  |
| PICK-UP WAIT MAIL                       |  |  |  |
| (Business Entity Name)                  |  |  |  |
| (Document Number)                       |  |  |  |
| Certified Copies Certificates of Status |  |  |  |
| Special Instructions to Filing Officer: |  |  |  |
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Office Use Only



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## **COVER LETTER**

TO: Amendment Section Division of Corporations

SUBJECT: Sigma Development and Holding Co., Inc.

Name of Corporation

DOCUMENT NUMBER: P07000001364

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

## Michelle Mutrux Name of Contact Person Firm/Company 1601 Green Road Address Pompano Beach, FL. 33064

City/State and Zip Code

michelle@dslaboratories.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Michelle Mutrux

Name of Contact Person

at (305 ) 553-2000

Area Code & Daytime Telephone 1

Enclosed is a \$35.00 check made payable to the Department of State.

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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

| statement of cha  | nge is submitted for a corporation o   | 7.0502, 607.1508, or 617.1508, Florida Statutes, this organized under the laws of the State of Florida egistered agent, or both, in the State of Florida.  |          |
|---|--|--|----------|
| 1. The name of t  | he corporation: Sigma Develor  | oment and Holding Co., Inc.  |          |
| 2. The principal  | office address: 1602 Alton roa   | d #374 Miami Beach, FL. 33139  |          |
|   |  |  |          |
| 3. The mailing a  | ddress (if different): 1602 Alton  | road #374 Miami Beach, FL. 33139   |          |
| 4. Date of incorp   | poration/qualification: 01/03/200  | Document number: P0700001364   |          |
|   | street address of the current registe<br>tment of State: (If resigned, enter re  | red agent and registered office on file with the signed)   |          |
|   | PEARLMAN SCHNEIDER   | RLLP   |          |
|   | 2200 CORPORATE BOU   | LEVARD NW SUITE 210  |          |
|   | BOCA RATON, FL 33431   |  |          |
| 6. The name and (if changed):   | street address of the new registered   | agent (if changed) and /or registered office   | 200 Sec. |
|   | Abner Silva  |  | 光子       |
|   | 1100 Biscayne Blvd Apt 5   | 5805   | CONT.    |
|   | P.O. Box Miami, FL. 33132  | NOT acceptable   | のでは、大学の  |
| The street addre  | as of its registered office and the st   | treet address of the business office of its registered agent,  |          |
| Such change wa<br>authorized by th  | s authorized by resolution duly add<br>e board, or the corporation has bee   | opted by its board of directors or by an officer so in notified in writing of the change.  |          |
|   |  | Daniel Khesin, CEO   |          |
| I hereby accept<br>I further agree t<br>performance of<br>agent. Or, if thi | the appointment as registered ager<br>o comply with the provisions of all<br>my duties, and I am familiar with a<br>s document is being filed merely to<br>that the corporation has been notif | Printed or typed name and title  nt and agree to act in this capacity. statutes relative to the proper and complete and accept the obligation of my position as registered o reflect a change in the registered office address, I ied in writing of this change. |          |
| 4   |  | 6/4/15   |          |
|   | ature of Registered Agent  | Date   |          |
| If signing on bel   | nalf of an entity:   |  |          |
| Ту  | ped or Printed Name  |  |          |

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