ANW005491

| (Req | uestor's Name) | |
|---|------------------|------|
| | | |
| (Add | ress) | |
| | | |
| (Address) | | |
| | | |
| (City | /State/Zip/Phone | e #) |
| PICK-UP | ☐ WAIT | MAIL |
| | | |
| (Bus | iness Entity Nam | ne) |
| | | |
| (Doc | ument Number) | |
| | | |
| Certified Copies Certificates of Status | | |
| | | |
| Special Instructions to F | iling Officer: | |
| | | |
| | | |
| | | |
| | | |
| • | | |
| | | |
| | | |

Office Use Only



500103802725

06/06/07--01013--017 **35.00

07 JUN -6 PH 2: 47
SECRETARY OF STATE
TALLAHASSEE FLORINA

TS



COVER LETTER

Division of Corporations SUBJECT: A M B I D E X T R I S E N T E R T A I N M E N T I N C (Name of Corporation) DOCUMENT NUMBER: P 0 7 0 0 0 0 0 5 4 9 1 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: D'MEZA BENJAMIN (Name of Contact Person) AMBIDEXTRIS ENTERTAINMENT INC (Firm/Company) 7040 WEST PALMETTO PARK ROAD#4-285 (Address) BOCA RATON, FL 33433 (City/State and Zip Code) For further information concerning this matter, please call: at (954) 854-2889 (Area Code & Daytime Telephone Number) BENJAMIN D'MEZA (Name of Contact Person) Enclosed is a \$35.00 check made payable to the Department of State. **Mailing Address: Street Address:**

Amendment Section

P.O. Box 6327

Division of Corporations

Tallahassee, FL 32314

Amendment Section

Clifton Building

Division of Corporations

Tallahassee, FL 32301

2661 Executive Center Circle

. TO:

Amendment Section

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: AMBIDEXTRIS ENTERTAINMENT INC | | |
| 2. The principal office address: 7040 WEST PALMETTO PARK ROAD #4-282 BOCA RATON, FL 33433 | | |
| 3. The mailing address (if different): | | |
| 4. Date of incorporation/qualification: 1/12/2007 Document number: P07000005491 | | |
| 5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: | | |
| BENJAMIN D'MEZA | | |
| 7040 WEST PALMETO PARK ROAD #4-282 | | |
| BOCA RATON, FL 33433 | | |
| 6. The name and street address of the new registered agent (if changed) and /or registered office ART (if changed): | | |
| BENJAMIN D'MEZA | | |
| 7040 WEST PALMETTO PARK ROAD #4-285 | | |
| (P.O. Box NOT acceptable) | | |
| BUCA RATUN, FL 33433 | | |
| 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. | | |
| BENJAMIN D'MEZA-PRESIDENT (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. | | |
| Man 5-1/h 6/4/2007 | | |
| (Signature of Registered Agent) (Date) | | |
| If signing on behalf of an entity: | | |
| (Typed or Printed Name) | | |
| * * * FILING FEE: \$35.00 * * * | | |

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