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



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R.A. Change TB 6/26/08

## **COVER LETTER**

TO: Amendment Section Division of Corporations					
SUBJECT: EFC Resources,	Inc. (Name of Corporation	on)			
	042644				
DOCUMENT NUMBER: P07000	<u>U43044</u>				
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:					
Emile Casanova					
(Name of Contact Person)					
****	(Firm/Company)				
	(Turn Company)				
444	O NI OCHA Ava				
[ ] [	8 N 26th Ave (Address)				
(Autos)					
Hollywood,	Florida	33020			
(City/State and Zip Code)					
For further information concerning this matter, please call:					
Emile Casanova		054 224 6642			
(Name of Contact Person)	at (	954 ) 224-6613 Trea Code & Daytime Telephone Number)			
,	•				
Enclosed is a \$35.00 check made payable to the Department of State.					
<u>Mailing Address:</u> Amendment Sec		Street Address: Amendment Section			
Amendment Sec Division of Corp		Amendment Section Division of Corporations			
P.O. Box 6327	PO- MAL CELLS	Clifton Building			
Tallahassee, FL	32314	2661 Executive Center Circle			
·		Tallahassee, FL 32301			



## FLORIDA DEPARTMENT OF STATE Division of Corporations

June 9, 2008

EMILE CASANOVA 1118 N 26TH AVE HOLLYWOOD, FL 33020

SUBJECT: EFC RESOURCES, INC.

Ref. Number: P07000043644

We have received your document for EFC RESOURCES, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing a computer printout which reflects the registered agent and registered office now on file with this office. Please amend your document accordingly.

The document must be signed by the chairman, any vice chairman of the board of directors, its president, or another of its officers.

The registered agent must sign accepting the designation.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6925.

Teresa Brown Regulatory Specialist II

Letter Number: 508A00035510

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

statement of change is submi	sections 607.0502, 617.0502, 6 itted for a corporation organized	d under the laws of the	State of Florida	_
	its registered office or registered		State of Florida.	
1. The name of the corporation		ources, Inc.		····
2. The principal office addre	ss: 1118 N 26	ith Ave,		
	Hollywoo	d FI,33020		
3. The mailing address (if dif	ferent):		<u> </u>	
4. Date of incorporation/qual	lification: April 09, 2007	Document number: _	P07000043644	
	ss of the current registered agente: EMIL CASO		on file with the	
25	501 Pierce Street, Apt	#1		
Н	lollywood Florida, 3	33020		
		<u> </u>	<del></del>	
<del> </del>				3
6. The name and street addre (if changed):	ss of the new registered agent (i	f changed) and /or regis	stered office ALCRE	FILE
<u></u>	1118 N 26th A	ve,	HAS	26
	Hollywood FI,3	302 <b>()</b>	333	3 77
	(P.O. Box NOT acceptable)		FLIST	بي
			<u> </u>	3: 09
The street address of its reg as changed will be identical	istered office and the street add	dress of the business of	ffice of its registered ag	
Such change was authorized authorized by the board, or	l by resolution duly adopted by the corporation has been notifi	y its board of directors led in writing of the cha	or by an officer so ange.	
Simila Cha (Signature of an officer of	nwh	Eurle Ca	Saudua I name and bille)	
I hereby accept the appoints I further agree to comply we of my duties, and I am famil document is being filed mer corporation has been notifie	ment as registered agent and a ith the provisions of all statute liar with and accept the obliga ely to reflect a change in the re ed in writing of this change.	igree to act in this cape s relative to the proper tion of my position as i egistered office addres	acity. and complete perform registered agent. Or, ij s, I hereby confirm that	ance f this t the
Suile (asam)	NZ	Juno	20th 2018	?
(Signature of Regist	ered Agent)	(Dat	6)	
If signing on behalf of an er	ntity:			
m_1-n \	Mana			
(Typed or Printed)	Name)			

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