## P07000069143

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(Re	equestor's Name)	
(Ad	ldress)	
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	Certificates	of Status
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Special Instructions to	Filing Officer:	
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FILED
2009 OCT 28 PM 4: 50
SECRETARY OF STATE

10/29/09

## **COVER LETTER**

TO:	Amendment Section Division of Corporations			
SUBJ	ECT: EYG SALES AND M			
DOCU	UMENT NUMBER: 26033284	5		
The er	nclosed Statement of Change of Registered Office/A	gent and fee are submitted for filing.		
Please	return all correspondence concerning this matter to	the following:		
	•			
	ELI GERS			
	Name of Contac	ct Person		
	EVO CALED AND	MADVETING		
EYG SALES AND MARKETING Firm/Company				
	, initi com	·		
	17555 ATLANTIC	BLVD #606		
	Address			
	SUNNY-ISLES,FLC	ORIDA 33160		
	City/State and 2	Zip Code		
	ELIGERSHON@G	MAIL.COM		
	E-mail address: (to be used for futu			
For fur	ther information concerning this matter, please call			
	ELI GERSHON .	at ( 754 ) 244-7696		
	Name of Contact Person	Area Code & Daytime Telephone Number		
Enclos	ed is a \$35.00 check made payable to the Departme			
	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

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this
state:hent 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: EYG SALES & _ MARKETING, Inc.
2. The principal office address: 17555 ATLANTIC BLVD #606
SUNNY-ISLES,FLORIDA 33160
3. The mailing address (if different): PO BOX 802212 AVENTURA,FL 33280
4. Date of incorporation/qualification: 1000069143
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)
ELI GERSHON
1740 NW NOCH RIVOC DC HULL
HICKORD TO STATE OF THE STATE O
1 Cony
6. The name and street address of the new registered agent (if changed) and /or registered office 1 Greenshood (if changed): 17555 Hardward Bloom Add Co.
Sunny-isles F/ 33160 P.O. Box NOT acceptable
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.
Signature of ap officer of director  ELI GERSHON, PRES - 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.
10/20/2009
Signature of Registored Agent Date
If signing on behalf of an entity:
Typed or Printed Name

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