P07000076165

(Re	questor's Name)	. •		
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COVER LETTER

TO: Amendment S Division of C	Section orporations			
SUBJECT: Duple	ssy Accounting Services (Name of Co	S prporation)		
DOCUMENT NUM	BER: P07000076165			
The enclosed Stateme	ent of Change of Registered Office	e/Agent and fee are submitted for filing.		
Please return all corre	spondence concerning this matter	to the following:		
	Karine	Duplessy		
	(Name of Cor	ntact Person)		
Duplessy Accounting Services (Firm/Company)				
	(FITH/CO	inpany)		
	750 014 4000	A		
750 SW 108th Avenue # 307 (Address)				
	(* 1444)	,		
	Dombraka (Dinon El 22025		
Pembroke Pines, FL 33025 (City/State and Zip Code)				
For further information	on concerning this matter, please of	all:		
Ka	rine Duplessy e of Contact Person)	at (<u>305</u>) <u>322-4070</u> (Area Code & Daytime Telephone Number)		
(Name	e of Contact Person)	(Area Code & Daytime Telephone Number)		
Enclosed is a \$35.00	check made payable to the Depart	ment of State.		
	Mailing Address: Amendment Section	Street Address:		
		Amendment Section		
	Division of Corporations P.O. Box 6327	Division of Corporations Clifton Building		
	Tallahassee, FL 32314	2661 Executive Center Circle		

Tallahassee, FL 32301

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

statement of cha	provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Single is submitted for a corporation organized under the laws of the State of $_$ which change its registered office or registered agent, or both, in the State of Fl		is	-
1. The name of	the corporation: Duplessy Accounting Services, Corp			
2. The principal	office address: 750 SW 108th Avenue # 307			
<u>Pembroke</u>	Pines, FL 33025			
3. The mailing a	ddress (if different): 750 SW 108th Avenue # 307			
Pembrol	ke Pines, FL 33025	·		
4. Date of incorp	poration/qualification: 07/02/07 Document number: P07000	<u>076165</u>		
	street address of the current registered agent and registered office on file with tment of State: (If resigned, enter resigned) Karine Duplessy 21358 SW 112 Avenue # 103	n the		
	Miami, FL 33165			
٠		-4	21	
6. The name and (if changed):	I street address of the new registered agent (if changed) and /or registered offi	SECRETAR ALLAHASS	2009 MAR 30 PM 12: 0	FIL
	750 SW 108th Avenue # 307	E C		M
	Pembroke Pines, FL 33025 (P.O. Box NOT acceptable)	ST/	:	
	(1.0.200.10.120.200)	REC	07	
The street addre	ess of its registered office and the street address of the business office of its be identical.	registere	d ager	ıt,
Such change wa authorized by the	as authorized by resolution duly adopted by its board of directors or by an board, or the corporation has been notified in writing of the change.	officer so	I	
My Signate	Karine Duples: (Printed or typed name and ti	SV itle)		
I further agree i of my duties, an document is bei	the appointment as registered agent and agree to act in this capacity to comply with the provisions of all statutes relative to the proper and comed I am familiar with and accept the obligation of my position as registered ng filed merely to reflect a change in the registered office address, I hereby been notified in writing of this change.	plete perf l agent. (y confirm	forman Or, if th that th	ice iis ie
- / Yum	nature of Registered Agent) O3/19/09 (Date)			-
If signing on be	half of an entity:			
<i>(</i> 7)	[vned or Printed Name)			

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