(Re	equestor's Name)	
(Ac	ddress)	
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(Ci	ty/State/Zip/Phone) #)
PICK-UP	☐ WAIT	MAIL
(Bu	usiness Entity Nam	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
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COVER LETTER

TO: Amendment Section Division of Corporations
SUBJECT: Metallosky Caw Group PD Name of Corporation
DOCUMENT NUMBER: <u>P07000077473</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:
Name of Contact Person
Merdhosty Law Group PD, Firm/Company
3700 S. Octob Dr. # 222
Hollywood, FL 33019 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Name of Contact Person at (954) 237-6307 Area Code & Daytime Telephone Number
Name of Contact Person / Area Code & Daytime Telephone Number

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

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.
1. The name of the corporation: Netdlosky Law Group, P.A.
2. The principal office address: 3800 Sooth Occord Drive
Ste. 222 Hollycood FZ 33019
3. The mailing address (if different): SAME
4. Date of incorporation/qualification: 7/6/67 Document number: P0700077473
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)
Nerdenstry Leonid, ESG.
1250 E. Hallandale Beach Blad, Ste. 60
Hallandale FZ 33009
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):
Merdinstry, Leonid, Esq.
P.O Box NOT acceptable
Holywood FC 33019
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 an officer or director Printed or typed name and title
I hereby accept the appointment as registered agent and agree to act in this capacity. I further agreed o 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 if being filed merely to reflect a change in the registered office address, I hereby confirm that the corporate for the property of this change.
05/11/09
Signature of Registered Agent Date
If/signing on behalf of an entity: LEONO Typed or Printed Name Typed or Printed Name

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