P07000090809

(Requestor's Name)					
(Address)					
(Address)					
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(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
(Calonicos Entry rumis)					
(Document Number)					
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TO NOV 17 PM 12: 00

C.COULLIETTE

NOV 18 2010

EXAMINER

COVER LETTER .

TO:	Amendment Section Division of Corporation	ns					
SUBJI	ECT:	U Need It S.E.					
		Name of Co	rporation				
DOCU	JMENT NUMBER:	P070	00090809				
The en	closed Statement of Cha	inge of Registered Office	Agent and fee are submitted for filing.				
Please	return all correspondence	ce concerning this matter	to the following:				
		5 (2)	ID.				
	Patricia J Bain Name of Contact Person						
		Name of Com	act reison				
		U Need It S.	E.M. Inc				
		Firm/Cor	npany				
			^				
		8710 West Hillsbord	ugh Ave Unit 199				
		Addre					
		Tompo El	22615				
Tampa, FL 33615 City/State and Zip Code							
City/State and Zip Code							
		pbain@uneed	itsem.com				
E-mail address: (to be used for future annual report notification)							
For fu	rther information concer	ning this matter, please ca	JI:				
	Patricia J	Rain	913 . 200 2405				
	Name of Conta		at (813) 220-3485 Area Code & Daytime Telephone Number				
	Thank of Consu	00 1 013011	Area code de Bay inne Petephone Painou				
Enclos	sed is a \$35.00 check ma	de payable to the Departn	nent of State.				
	<u>Mailir</u>	ng Address:	Street Address:				
		dment Section	Amendment Section				
		ion of Corporations Box 6327	Division of Corporations				
		30x 6327 nassee, FL 32314	Clifton Building 2661 Executive Center Circle				
	1 41 (41	indeed, i iii dad i T	2001 Excount Contor Choic				

Tallahassee, FL 32301

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

•	provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, the submitted for a corporation organized under the laws of the State of Florida	his	
	er to change its registered office or registered agent, or both, in the State of Florida.		
	the corporation: U Need It S.E.M., Inc.	·	
2. The principal	office address: 8710 West Hillsborough Ave Unit 199 Tampa, FL 33615		
3. The mailing a	uddress (if different):		
4. Date of incorp	poration/qualification: 08/13/2007 Document number: P070000	90809	
	d street address of the current registered agent and registered office on file with the rtment of State: (If resigned, enter resigned)		
	Patricia J Bain		
	10706 Preserve Lake Dr #207 Tampa, FL 33626		
6. The name and (if changed):	d street address of the new registered agent (if changed) and /or registered office Patricia J Bain	10 NOV 17	AND REAL
	8710 West Hillsborough Ave Unit 199 Tampa, FL 33615 P.O. Box NOT acceptable	O NOV 17 PM 12: 00	A OF STATE
The street addre	ess of its registered office and the street address of the business office of its register be identical.	red agent,	
Such change wa authorized by th	as authorized by resolution duly adopted by its board of directors or by an officer some board, or the corporation has been notified in writing of the change.	0	
+ obrus	Patricia J Bain - President Printed or typed name and title		
of my duties, and 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 complete per ad I am familiar with and accept the obligation of my position as registered agent. In filed merely to reflect a change in the registered office address, I hereby confirm been notified in writing of this change.	formance Or, if this n that the	
t attend	nature of Registered Agent Date		
	half of an entity:		
Ту	yped or Printed Name		

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

CKS PAVABLE TO FLORIDA DEPARTMENT OF STATE