

P08000033382

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

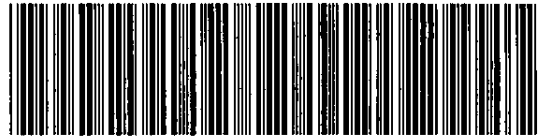
(Business Entity Name)

(Document Number)

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*Rochan*

**R. CONNELL** NOV 17 2009

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** EB Business Managment  
Name of Corporation

**DOCUMENT NUMBER:** P08000033382

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:

jennifer simpson  
Name of Contact Person

Firm/Company

800 belle terre parkway, suite 200  
Address

palm coast, FL 32164  
City/State and Zip Code

jsimpson25@cfl.rr.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

jennifer simpson at ( 386 ) 3410280  
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 in order to change its registered office or registered agent, or both, in the State of Florida.

- 1. The name of the corporation: EB Business Management Corporation
- 2. The principal office address: 31 Ryder Dr, Palm Coast, FL 32164
- 3. The mailing address (if different): 800 Belle Terre Pkwy, Suite 200, Palm Coast, FL 32164
- 4. Date of incorporation/qualification: 3/25/08 Document number: 108000033382
- 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)

Jennifer Simpson  
31 Ryder Dr  
Palm Coast, FL 32164

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TALLAHASSEE, FL 32310  
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- 6. ~~The name and street address of the ~~now~~ registered agent (if changed) and /or registered office (if changed):~~

800 Belle Terre Pkwy, Suite 200  
Palm Coast, FL 32164

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.

Jennifer Simpson  
Signature of an officer or director

Jennifer Simpson  
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.

Jennifer Simpson  
Signature of Registered Agent

11-9-09  
Date

If signing on behalf of an entity:

JENNIFER SIMPSON  
Typed or Printed Name

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