

P08000044808

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

(Business Entity Name)

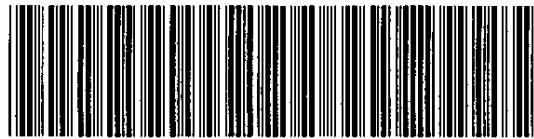
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09 APR 23 AM 9:07  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

*R.A. Charge*  
C.COULLETTE

APR 27 2009

EXAMINER

## COVER LETTER

TO: Amendment Section  
Division of Corporations

SUBJECT: E.E.P. INC  
(Name of Corporation)

DOCUMENT NUMBER: P 08 0000 44 808

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:

Estela Mendoza  
(Name of Contact Person)

E.E.P. INC  
(Firm/Company)

P.O. Box 116  
(Address)

Gulf Breeze, FL 32562  
(City/State and Zip Code)

For further information concerning this matter, please call:

Estela Mendoza at 850,380-8830  
(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 FLA in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: Σ Σ.P. Inc
2. The principal office address: 103 avenida 23  
Pensacola Bch, FL 32561
3. The mailing address (if different): P.O. BOX 116  
GULF BREEZE, FL 32562
4. Date of incorporation/qualification: may 1, 08 Document number: PO 80000 44 808
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)

Florida Filing Services Inc  
155 office Plaza Dr #A  
Tallahassee, FL 32301

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

Estela Mendoza  
103 avenida 23  
(P.O. Box NOT acceptable)  
Pensacola Bch, FL 32561

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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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.

Estela Mendoza  
(Signature of an officer or director)

ESTELA MENDOZA  
(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.

Estela Mendoza  
(Signature of Registered Agent)

4-15-09  
(Date)

If signing on behalf of an entity:

Estela Mendoza  
(Typed or Printed Name)

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