## P08000061359

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## **COVER LETTER**

TO:	Amendment Section Division of Corporations					
SUBJECT:		Negotiateit, Inc. Name of Corporation				
DOC	UMENT NUMBER:	P08	000061359			
The e	nclosed Statement of Change of	of Registered Office	ce/Agent and fee are s	ubmitted for filing.		
Please	return all correspondence con	cerning this matte	er to the following:			
		Jowsmi Name of Co	ik Perez entact Person	· · · · · · · · · · · · · · · · · · ·		
	Negotiateit, Inc. Firm/Company					
	PO Box 471008 Address					
		Kissimmee, J City/State a	Florida 34747 nd Zip Code			
	E-mail address:	joeperezp@ (to be used for f	gmail.com uture annual report	notification)		
For fu	rther information concerning the	his matter, please o	call:			
	Jowsmilk Pere Name of Contact Pers	<u>Z</u> son	at ( <u>787</u> ) Area Code & I	370 6121 Daytime Telephone Number		
Enclos	ed is a \$35.00 check made pay	able to the Depart	tment of State.			
	Mailing Add Amendment Division of P.O. Box 63 Tallahassee	Corporations 327	Clifton Bu	nt Section of Corporations		

Tallahassee, FL 32301

## '. STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

statement of ci	hange is submitted for a co	orporation organized	507.1308, or 617.1308, Floi d under the laws of the State d agent, or both, in the State	e of Florida
1. The name o	f the corporation: Negot	iateit, Inc.		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
2. The principa	al office address: 2854 O	akwater Dr. Kiss	simmee, Fl 34747	
3. The mailing	address (if different): PO	Box 471008, K	issimmee, Fl 34747	
4. Date of inco	orporation/qualification:	6-24-2008	Document number:	P08000061359
	nd street address of the cur artment of State: (If resign		t and registered office on fi	le with the
	Jowsmilk Perez	·····		
	1791 Lisa Lane			
	Kissimmee, Fl 3474	44		O AUG
6. The name as (if changed)		w registered agent (i	f changed) and /or registere	d office 388
	Jowsmilk Perez			
	2854 Oakwater Dr	P.O. Box NOT acc	æptable	
	Kissimmee, FI 3474	17		
The street add as changed wi	ress of its registered offic Il be identical.	e and the street add	tress of the business office	of its registered agent,
Such change vauthorized by	vas authorized by resoluti the board, or the corporat	ion duly adopted by tion has been notific	its board of directors or bed in writing of the change	by an officer so
Signal	nure of an officer or director		Jowsmilk Perez	President
I hereby accep I further agree of my duties, a document is be corporation ha	ot the appointment as regi to comply with the provi and I am familiar with and eing filed merely to reflec as been notified in writing	istered agent and a sions of all statutes d accept the obligat t a change in the re g of this change.	gree to act in this capacity s relative to the proper and tion of my position as regis gistered office address, I l	I complete performance stered agent. Or, if this hereby confirm that the
Doni	Den Jun	-	8-24-201	Ò
Si	gnature of Registered Agent		Date	•
II signing on b	ehalf of an entity:			
	Typed or Printed Name			

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

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