

P09000040673

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



600157960836

07/15/09--01023--004 \*\*35.00

FILED  
09 JUL 15 AM 8:21  
CLERK OF STATE  
TALLAHASSEE, FLORIDA

*No change  
Fees  
7-21-09*

**COVER LETTER**

TO: Amendment Section  
Division of Corporations

SUBJECT: Moonkatz Inc.  
Name of Corporation

DOCUMENT NUMBER: P09000040673

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:

Derik Rivera  
Name of Contact Person

Moonkatz Inc.  
Firm/Company

133 Ne 2 Ave Apt # 2105  
Address

Miami, FL 33132  
City/State and Zip Code

Moonkatz 83 @ yahoo.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Derik Rivera at ( 786 ) 360 - 5469  
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: Moonkatz Inc.
2. The principal office address: 3810 Hollow Crossing Dr Orlando, FL 32817
3. The mailing address (if different): \_\_\_\_\_
4. Date of incorporation/qualification: 5-06-2009 Document number: P09000040673
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)

Derik Rivera  
3810 Hollow Crossing Dr Orlando, FL 32817

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

Derik Rivera  
133 Ne 2 Ave Apt # 2105  
P.O. Box NOT acceptable  
Miami, FL 33132

FILED  
09 JUL 15 AM 8:27  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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.

Derik Rivera CEO  
Signature of an officer or director

Derik Rivera CEO  
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.

Derik Rivera.  
Signature of Registered Agent

7-13-09  
Date

If signing on behalf of an entity:

\_\_\_\_\_  
Typed or Printed Name

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

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