**35.00

(Requestor's Name) (Address)	500184537335
(Address)	
(City/State/Zip/Phone #)	08/27/1001028005 **35
(Business Entity Name)	
(Document Number) Certified Copies Certificates of Status	WALLAHASSEE
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8 36,40

COVER LETTER

TO: Amendment Section Division of Corporations
SUBJECT: SOBE THEN IN C (Name of Corporation) DOCUMENT NUMBER: 109000053616
DOCUMENT NUMBER: 109000033616
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Myleena Green (Name of Person)
16416 NE 22 AUG (Name of Firm/Company)
NONTH MEAME BEACH, FL 53/60 (Address)
(City/State and Zip Code)
For further information concerning this matter, please call:
MYLEENA GREEN at (702) 339-8080 (Area Code & Daytime Telephone Number)
Enclosed is a check for \$35.00 made payable to the Florida Department of State.

Street Address:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Mailing Address:
Amendment Section
Division of Corporations
Post Office Box 6327
Tallahassee, FL 32314

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH $^{\prime}$. $^{\prime}$

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 in order to change its registered office or registered agent, or both, in the State of Florida.
Sold of the sold o
1. The name of the corporation:
2. The principal office address: 300 ANTHUN GOSFREY IDOO
MIAMI BEACH, FL 33140
3. The mailing address (if different): 16416 NE 22 AVE
NONTH MEANT BEACH, FL 33160
4. Date of incorporation/qualification: 6-22-09 Document number: Po 9000053616
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)
ENE SEBOLD
300 ANTHUR GOSFREY #200
MEANT BEACH, FC 33140
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):
MYLENA GREEN A
MYLENA GREEN 16416 NE 22 AVE P.O. Box NOT acceptable
MORTH MEANT BEACH, FL 33160 =
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.
Signature of an officer or director ERIC C. DEDORD 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 corphralion has been notified in writing of this change.
Signature of Registered Agent Date
If signing on behalf 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
CR2E045 (8/05)

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