

PO9000056/05

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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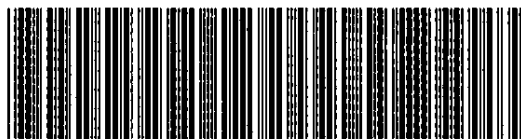
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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7-22-10

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Element Four, Inc.
Name of Corporation

DOCUMENT NUMBER: P09000056105

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:

Marina Barturen, Esquire
Name of Contact Person

The Law Offices of Marina Barturen
Firm/Company

100 S.E. 2nd Street, Suite 2610
Address

Miami, Florida 33131
City/State and Zip Code

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

For further information concerning this matter, please call:

Marina Barturen, Esquire at (305) 423-3500
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: Element Four, Inc.
2. The principal office address: 3081 S.W. 156th Avenue, Miami, Florida 33185
3. The mailing address (if different): 3081 S.W. 156th Avenue, Miami, Florida 33185
4. Date of incorporation/qualification: 06/29/2009 Document number: P09000056105
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)

Optimum Tax Services, Inc.

3081 S.W. 156th Avenue

Miami, Florida 33185

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

Marina Barturen, Esquire

100 S.E. 2nd Street, Suite 2610

P.O. Box NOT acceptable

Miami, Florida 33131

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.

Nicola Fanelli
Signature of an officer or director

Nicola Fanelli, Director

Printed or typed name and title

Marina Barturen
Signature of Registered Agent

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.

7/16/10
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

CR2E045 (8/05)

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TALLAHASSEE, FLORIDA