## PD9000091271

(Requestor's Name)							
(Address)							
(Address)							
(City/State/Zip/Phone #)							
PICK-UP .WAIT MAIL							
(Business Entity Name)							
(Document Number)							
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SECRETARY OF STATE TALLAHASSEE, FLORIDA

RARD CHS Mash 110

## **COVER LETTER**

то:	Amendment Section Division of Corporations	3							
SUBJECT:		Ever-A-Gla	ide Corp Corporation						
DOC	UMENT NUMBER:	PO:	9000091271						
The en	nclosed Statement of Chang	ge of Registered Offi	ce/Agent and fee are submi	itted for filing.					
Please	return all correspondence	concerning this matte	er to the following:						
	•	•	_						
		Gillian Lord Br	eakspeare, CPA						
		Name of Co	ontact Person						
			are Callahan PA						
	•	Firm/C	ompany						
	10913 NW 30th St. STE 100								
Address									
Doral, FL 33172-5029 City/State and Zip Code									
	City/State and Zip Code								
		gillian@lb							
E-mail address: (to be used for future annual report notification)									
For fur	ther information concerning	g this matter, please	call:						
	lees three	4-	205	074 5044					
<del></del>	Jose Huer Name of Contact I		at ( <u>305</u> ) Area Code & Dayti	me Telephone Number					
			•	•					
Enclos	ed is a \$35.00 check made	payable to the Depar	tment of State.						
	Mailing A Amendn	Address: nent Section	Street Address: Amendment Se	ection					
	Division	of Corporations	Division of Co						
	P.O. Box		Clifton Buildin						
Tallahassee, FL 32314			2661 Executive	e Center Circle					

Tallahassee, FL 32301

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

statement of cha	ange is submitted for a co	rporation organiz	607.1508, or 617.1508, Flo ed under the laws of the Sta ed agent, or both, in the Sta	<sub>ute of</sub> Florida			
1. The name of	the corporation: Ever-	A-Glade Corp	0				
2. The principal	office address: 10913	NW 30th St. S	TE 100 Doral, FL 3317	72-5029			
3. The mailing a	address (if different):						
4. Date of incor	poration/qualification:	11/03/09	Document number:	PO900009	1271		
	d street address of the cur rtment of State: (If resign		ent and registered office on	file with the			
		,. Bared and A	Assoc., PA				
	1500 San Remo Ave. Suite 248						
	Coral Gables, FL 3	3146			J. Fu		
6. The name and (if changed):	d street address of the nev	v registered agent (	(if changed) and /or register	red office	10 MAY -5 PM 3: 30		
	Lord Breakespeare	Callahan LL	<u> </u>		PH 3		
	10913 NW 30th St	P.O. Box NOT a	•		3: 30		
The street address changed will	ess of its registered offic	e and the street ac	ldress of the business offic	e of its registered	agent,		
Signature Signature I hereby accept I further agree of my duties, and document is becomporation in Signature Signatu	re of an officer or life for	istered agent and isions of all statut d accept the oblig t a change in the	Juan Pablo Con Printed or typed nan agree to act in this capaci es relative to the proper at ation of my position as reg registered office address, Date	dero Director	rmance ; if this hat the		

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