

PO9000102806

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

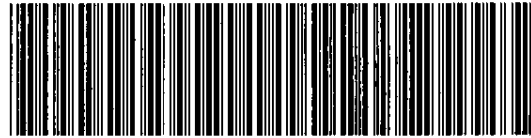
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

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1-18-12

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: GAME FACE GAMING, INC.
Name of Corporation

DOCUMENT NUMBER: P09000102806

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:

ALEX ENGLARD
Name of Contact Person

INTERSTATE AGENT SERVICES, LLC
Firm/Company

2071 FLATBUSH AVE STE 166
Address

BROOKLYN, NY 11234
City/State and Zip Code

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

For further information concerning this matter, please call:

ALEX ENGLARD at (718) 569-2703
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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

December 5, 2011

ALEX ENGLARD
INTERSTATE AGENT SERVICES, LLC
2071 FLATBUSH AVENUE, STE. 166
BROOKLYN, NY 11234

SUBJECT: GAME FACE GAMING, INC.
Ref. Number: P09000102806

We have received your document for GAME FACE GAMING, INC. and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The document must have original signatures.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6908.

Sylvia Gilbert
Regulatory Specialist II

Letter Number: 311A00027184

RECEIVED
12 JAN 18 AM 10:02
TALLAHASSEE, FLORIDA

**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: GAME FACE GAMING, INC.
2. The principal office address: 20 East Sunrise Highway Suite 202
Valley Stream, NY 11581
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 12/24/2009 Document number: P09000102806

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)

Corporation Service Company

1201 Hays Street

Tallahassee, FL 32301

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

Interstate Agent Services, LLC

1540 Glenway Drive

P.O. Box NOT acceptable -

Tallahassee, FL 32301

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

Felix Elinson - President

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.

Signature of Registered Agent

1/12/12
Date

If signing on behalf of an entity:

Interstate Agent Services, LLC

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

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TALLAHASSEE, FLORIDA