

(Re	equestor's Name)	
(Ad	ldress)	
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(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Business Entity Name)		
(Do	cument Number)	<u>.                                    </u>
Certified Copies	Certificates	of Status
Special Instructions to	Filing Officer:	
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Office Use Only



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## Malave, Erin

From: stefileigh@aol.com

Sent: Wednesday, May 05, 2010 1:08 PM

To: CorpAddressChange

Subject: ADDRESS CHANGE & FEIN

To Whom it May Concer:

This is to request an address change and notify of FEIN for the following corporation:

Over The Shoulder Shots, Inc Document # P1000006955

Please change the PRINCIPAL & MAILING address to the following: Stefani Goetz
1509 SW 187 AVE
Pembroke Pines, FL 33029

Also, the FEIN is 27-1757543.

Please feel free to contact me if any further information is needed to process this request.

Thank You, Stefani Goetz VP, Over The Shoulder Shots, Inc.

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