P10000039177

		•		
(Re	equestor's Name)			
(Ad	ldress)			
(Address)				
(City/State/Zip/Phone #)				
PICK-UP	☐ WAIT	MAIL MAIL		
(Business Entity Name)				
(Do	cument Number)			
Certified Copies	_ Certificates	s of Status		
Special Instructions to Filing Officer:				
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Office Use Only



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11/16/11--01005--012 **35.00

SECRETARY OF STATIONS DIVISION OF CORPORATIONS

RD MX

COVER LETTER

	of Corporations	
SUBJECT:	Electric Blue Den	прsеу Согр
-	Name of Co	rporation
DOCUMENT N	UMBER: \ P100	00039177
The enclosed Stat	ement of Change of Registered Office	Agent and fee are submitted for filing.
Please return all c	orrespondence concerning this matter	to the following:
	Mayra Name of Con	Milo
•	Name of Con	act Person
	Electric Blue Do	empsey Corp
	Firm/Cor	npany
	7935 Camden	Woods Drive
	Addro	
	Tampa, Fl	_ 33619
	City/State and	Zip Code
	ebjd1@hotn	nail.com
•	E-mail address: (to be used for fu	
For further inform	nation concerning this matter, please ca	all:
	Mayra Milo	at (813) 442-7688
Na	rme of Contact Person	at (813) 442-7688 Area Code & Daytime Telephone Number
Enclosed is a \$35.	00 check made payable to the Departm	nent of State.
	Mailing Address: Amendment Section	Street Address: Amendment Section
	Division of Corporations	Division of Corporations
	P.O. Box 6327	Clifton Building
	Tallahassee, FL 32314	2661 Executive Center Circle Tallahassee, FL 32301

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

	provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, F nge is submitted for a corporation organized under the laws of the S			
in orde	r to change its registered office or registered agent, or both, in the St	ate of Florida.		
I. The name of t	he corporation: Electric Blue Dempsey Corp			
2. The principal office address: 7935 Camden Woods Drive, Tampa, FL 33619				
3. The mailing a	ddress (if different): 7935 Camden Woods Drive, Tampa, F	L 33619		
4 Date of incom	poration/qualification: 04/18/2011 Document number:	P10000039177		
5. The name and	street address of the current registered agent and registered office or tment of State: (If resigned, enter resigned)	ı file with the		
	Alejandro Chemin			
	7935 Camdenwoods Drive			
	Tampa, FL 33619			
6. The name and (if changed):	street address of the new registered agent (if changed) and /or regist	ered office		
	Mayra Milo			
	7935 Camdenwoods Drive			
	P.O. Box NOT acceptable			
	Tampa,FL 33619			
The street address changed will	ss of its registered office and the street address of the business off be identical.	ice of its registered agent,		
Such change wa authorized by the	is authorized by resolution duly adopted by its board of directors one board, or the corporation has been notified in writing of the cha	or by an officer so nge.		
Signatu	Alejandro e of an officer or director Printed or typed in	o Chemin		
I hereby accept I further agree to of my duties, an document is bei corporation has	the appointment as registered agent and agree to act in this capac o comply with the provisions of all statutes relative to the proper d I am familiar with and accept the obligation of my position as re ng filed merely to reflect a change in the registered office address been notified in writing of this change.	city and complete performance egistered agent. Or, if this , I hereby confirm that the		
Mary	nature of Registered Agent 11/11	/2011		
Mayre	half of an entity:			

* * * 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)