P10000052416

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PICK-UP	■ WAIT	MAIL			
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Certified Copies	Certificate	s of Status			
Special Instructions to I	Filing Officer:				
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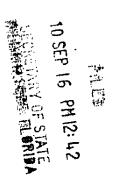
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Roberts SEP 1:6:2011



FLORIDA DEPARTMENT OF STATE Division of Corporations

September 8, 2010

JOHANA HADDAD ELBAMED INTERNATIONAL, INC 4357 SW 147 CT MIAMI, FL 33185

SUBJECT: ELBAMED INTERNATIONAL INC

Ref. Number: P10000052416

We have received your document for ELBAMED INTERNATIONAL INC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

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) 245-6892.

Tina Roberts Regulatory Specialist II

Letter Number: 410A00021355

RECEIVED

10 SEP 16 AM 8: 00

SECREIARY OF STATE

TO: Amendment Section Division of Corporations						
SUBJECT: ELBAMED INTERNATIONAL, INC Name of Corporation						
DOCUMENT NUMBER: P10000052416						
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:						
JOHANA HADDAD						
Name of Contact Person						
ELBAMED INTERNATIONAL, INC						
Firm/Company						
4357 SW 147 CT.						
Address						
ANALUSI 00405						
MIAMI FL 33185 City/State and Zip Code						
hany0602@hotmail.com E-mail address: (to be used for future annual report notification)						
E mair address. (to be used for fature dimens report notification)						
For further information concerning this matter, please call:						
JOHANA HADDAD at (786) 7095886						
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 Street Address: Amendment Section Division of Corporations 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 Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this

statement of cha		orporation organized	d under the laws of the Sta d agent, or both, in the Sta	
	the corporation: ELBA			
	office address: 4357 S			
1				
3. The mailing a	address (if different):	,		
4. Date of incor	poration/qualification: _	06/18/2010	Document number:	P10000052416
	d street address of the cu rtment of State: (If resign		t and registered office on	file with the
	JOHANA HADDAI)		
	10723 N.W 85 TE	RRACE UNIT 6	DORAL FL 33178	
6. The name and (if changed):	d street address of the ne		f changed) and /or register	10 SEP 16 PH 12: 42 red office
	4357 SW 147 CT	MIAMI FL 33185	5	2
		P.O. Box NOT ac		
	1			ce of its registered agent,
Such change w authorized by t	as authorized by resoluthe board, or the corpora	tion duly adopted by tion has been notified.	y its board of directors or ed in writing of the chan	by an officer so ge.
Signali	ire of an officer or director	} -	JOHANA HA	DDAD, DR
I hereby accept I further agree of my duties, an document is be	/ \	distered agent and a disions of all statute and accept the obliga of a change in the r og of this change.	· ·	ity. nd complete performance gistered agent. Or, if this I hereby confirm that the
			08/26/2	2010
Sig	gnature of Registered Agent	*	Date	
If signing on be	ehalf of an entity:			
1	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)