## P1000070279

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in

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
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SECRETARY SELECTIONS

My MM

## **COVER LETTER**

TO: Amendment Division of	nt Section f Corporations				
	F				
SUBJECT:	Emye Ind Name of Cor	D.			
	Name of Cor	poration			
DOCUMENT NU	MBER: P1000	00070279			
The enclosed States	ment of Change of Registered Office/A	Agent and fee are submitted for filing.			
Please return all cor	rrespondence concerning this matter to	the following:			
_	-Eileen Scho	echtman			
	Name of Conta	act Person			
Emye Inc					
	Firm/Com	pany			
,	1024 SW 42nd Avenue				
	Addres	SS			
	Deerfield Beach FI, 33442				
	City/State and	Zip Code			
	Emveenie @ Re	llsouth net			
-	Emyeenie @ Be E-mail address: (to be used for futu	re annual report notification)			
		•			
For further informat	ion concerning this matter, please call	:			
Eil	een Schechtman	at'( 305 ) 283-5748			
	e of Contact Person	at ( 305 ) 283-5748  Area Code & Daytime Telephone Number			
Enclosed is a \$35.00	check made payable to the Departme	ent of State.			
	Mailing Address:	Street Address:			
	Amendment Section	Amendment Section			
	Division of Corporations P.O. Box 6327	Division of Corporations			
	F.O. DOX 032/	Clifton Building			

2661 Executive Center Circle

Tallahassee, FL 32301

Tallahassee, FL 32314

TO:

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

statement of cha	ange is submitted for a co	rporation organized	807.1508, or 617.1508, Flo d under the laws of the Stat d agent, or both, in the Stat	te of Florida	
	the corporation: Emye		i agent, or voin, in the stat	e oj Pioriaa.	
			e, Deerfield Beach, Fl	. 33442	
3. The mailing a	uddress (if different):				
4. Date of incorp	poration/qualification:	08/26/10	Document number:	P10000070279	
	d street address of the current of State: (If resigne		t and registered office on fi	ile with the	
	United States Corp	oration Agents,	Inc.		
	13302 Winding Oal	ks Blvd-Suite A-	-100	<u> </u>	
	Tampa, Fl. 33612			A	
6. The name and (if changed):	street address of the new	v registered agent (i	f changed) and /or registere	SECRE HARY ASSE	ero e
	Eileen Schechtman	1		٠٠٠ درا	
,	1024 SW 42nd Ave			AMIO: 42	red Lev'
	Deerfield Beach, Fl	P.O. Box NOT acc	ершые	10 to	
as changed will	ess of its registered office be identical.	e and the street add	lress of the business office	_	
Such change was authorized by th	as authorized by resolution to board, or the corporation	on duly adopted by ion has been notific	tits board of directors or led in writing of the chang	by an officer so e.	
	e of an officer or director		Eileen Sche	echtman	
I hereby accept I further agree t of my duties, an document is bei		stered agent and a sions of all statutes accept the obligat a change in the re of this change.	gree to act in this capacity relative to the proper an ion of my position as regi gistered office address, I		
	The second secon		7/6/20	11	
	nature of Registered Agent	<b>_</b>	Date		
If signing on bel	half of an entity:				
	een Schechtman				

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