## P10000096854

(Re	questor's Name)	
(Ad	dress)	
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FALLAHASSEE, FLORIO

P 13

## **COVER LETTER**

Amendment Section

TO:

Division o	of Corporations	
SUBJECT:	DIGIMEDIASHOP CORPORA	
	Name of Corpo	ration
DOCUMENT NU	P1000096854	
The enclosed State	ement of Change of Registered Office/Ap	gent and fee are submitted for filing.
Please return all co	orrespondence concerning this matter to	the following:
	Alvaro L. Mejer, Es	sq.
-	Name of Contact	Person
	Mejer Law. P.A.	
	Firm/Compa	any
	2222 Ponce de Leon Blvd.	, Penthouse
_	Address	<u> </u>
	Coral Gables, FL	33134
	City/State and Zi	p Code
	amejer@mejerlaw.c	-
_	E-mail address: (to be used for futur	
	L-man address. (to be used for future	c amuai report notification,
For further information	ation concerning this matter, please call:	
Alvaro	L. Mejer	305 444-3355
Na	me of Contact Person	Area Code & Daytime Telephone Number
Enclosed is a \$35.0	00 check made payable to the Departmen	t 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

CR2E045 (03/12)

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

4

. The name of the c	orporation:				SHOP COR			<del></del>		
2. The principal office	ce address:_	175	S.W.	7th	Street,	Suite	1204,	Miami,	FL ——	3313
3. The mailing addre	ess (if differ	ent):	,							
l. Date of incorporate	tion/qualific	ation: _	4/	30/2	010 Doc	cument nur	nber:	P1000	0009	6854
. The name and stre	eet address o	of the cu	ırrent r	egistere	ed agent and r	egistered o	ffice on f	ile with the		
Florida Departmen			_		• .			_'		
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i. The name and stre (if changed):	Alv	varo	L. M	ejer	gent (if changed)			DA	կ։ 30	)
The name and stree (if changed):	Alv 22	varo 222 P	L. M	de I	Leon Blvo	d., Pen		DA	կ։ 30	<b>.</b>
o. The name and stree (if changed):  ———————————————————————————————————	Alv 22	varo 222 P	L. M	de I	Leon Blv	d., Pen		DA	Ļ: 30	•
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\* \* \* FILING FEE: \$35.00 \* \* \*