

P10000096854

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



300251005683

08/26/13--01033--027 \*\*35.00

FILED

13 AUG 26 AM 8:51

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

C. LEWIS  
SEP 3 2013  
EXAMINER

**COVER LETTER**

**TÖ:** Amendment Section  
Division of Corporations

**SUBJECT:** Digimediashop Corporation  
Name of Corporation

**DOCUMENT NUMBER:** P10000096854

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:

Alvaro L. Mejer

Name of Contact Person

Mejer Law, P.A.

Firm/Company

201 Alhambra Cr Suite 504

Address

Coral Gables, FL. 33134

City/State and Zip Code

amejer@mejerlaw.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Alvaro L. Mejer

Name of Contact Person

at ( 305 ) 444-3355

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  
Tallahassee, FL 32314

**Street Address:**

Amendment Section  
Division of Corporations  
Clifton Building  
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 change is submitted for a corporation organized under the laws of the State of Florida in order to change its registered office or registered agent, or both, in the State of Florida.*

1. The name of the corporation: Digimediashop Corporation
2. The principal office address: 175 SW 7th Street Suite 1204  
Miami, FL 33130
3. The mailing address (if different): \_\_\_\_\_
4. Date of incorporation/qualification: 11/30/2010 Document number: P10000096854
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

Alvaro L. Mejer

2222 Ponce de Leon Blvd PH

Coral Gables, FL 33134

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

Alvaro L. Mejer

201 Alhambra Cr Suite 504

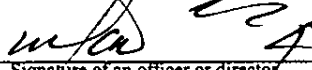
P.O. Box NOT acceptable

Coral Gables, FL 33134

**FILED**  
**13 AUG 26 AM 8:51**  
**SECRETARY OF STATE**  
**TALLAHASSEE, FLORIDA**

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

  
Signature of an officer or director

LUIS DE LA VEGA ST  
Printed or typed name and title

*I hereby accept the appointment as registered agent and agree to act in this capacity, I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.*

  
Signature of Registered Agent

8/23/13  
Date

If signing on behalf of an entity:

\_\_\_\_\_  
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 (03/12)