## P1000101742

(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:				





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121-9-10

## **COVER LETTER**

TO:	Amendment Section Division of Corporations			
SURI	Flavor Unit Entertainment Inc.			
SUBJECT: (Name of Corporation)				
DOCE	MENT NUMBER: P10000101742			
The en	closed Statement of Change of Registered Office/Agent and fee are submitted for filing.			
Please return all correspondence concerning this matter to the following:				
	Vickie Basil			
	(Name of Contact Person)			
	Eisenberg Tanchum & Levy			
	(Firm/Company)			
	675 Third Avenue, Suite 2900			
	(Address)			
	New York, New York 10017			
	(City/State and Zip Code)			
For fur	ther information concerning this matter, please call:			
Grego	ry Robinson at (732 ) 821-3172 (Area Code & Daytime Telephone Number)			
	(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  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

		502, 607.1508, or 617.1508, Florida Statutes, this anized under the laws of the State of Florida	
		stered agent, or both, in the State of Florida.	
1. The name of	the corporation: Flavor Unit Enterta	inment Inc.	
2. The principal	office address: 119 Washington Av	enue, Miami Beach, FL 33139	
3. The mailing a	address (if different):		
4. Date of incor	poration/qualification: 12/17/2010	Document number: P10000101742	
	d street address of the current registered rtment of State:	agent and registered office on file with the	
	Corporation Service Company	= 10 to 1	
	1201 Hays Street	THE STATE OF THE S	
	Tallahassee, FL 32301	gent (if changed) and /or registered office	
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):			
	Shakim Compere	- Bu	
	119 Washington Avenue		
	(P.O. Box NOT acceptal	ole)	
	Miami Beach, FL 33139		
The street address changed will	ess of its registered office and the stre- be identical.	et address of the business office of its registered agent,	
Such change was authorized by the	as authorized by resolution duly adoption board, or the corporation has been	ted by its board of directors or by an officer so notified in writing of the change.	
<u> </u>	INN	Shakim Compere, Vice President	
. 5	ire of an office or director)	(Printed or typed name and litle)	
I hereby accept I further agree of my duties, an document is bei corporation has	the appoindment as registered agent of the comply with the provisions of all stand am familiar with and accept the of the filed merely to reflect a change in a been notified in writing of this chang	and agree to act in this capacity. atutes relative to the proper and complete performance bligation of my position as registered agent. Or, if this the registered office address, I hereby confirm that the ge.	
/(Si <sub>1</sub>	gnature of Registered Agent)	(Date)	
	half of an entity:		
Flavor Unit E	ntertainment Inc.		
(7)	Typed or Printed Name)		

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