

PI1000058768

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

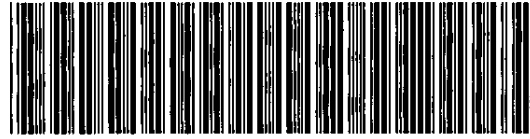
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APPROVED
AND
FILED

C. LEWIS
MAR 25 2014
EXAMINER

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: WIN WIN 8, INC
Name of Corporation

DOCUMENT NUMBER: P11000058768

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:

HENNY J JONG
Name of Contact Person

WIN WIN 8, INC.
Firm/Company

899 WEST AVE Apt 5 H
Address

MIAMI BEACH, FL 33139
City/State and Zip Code

jong_henny@yahoo.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

HENNY J JONG at (347) 827-6023
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

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: WIN WIN 8, INC.
2. The principal office address: 899 WEST AVE Apt 5 H
MIAMI BEACH, FL 33139
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 06/24/2011 Document number: P11000058768

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)

HENNY JONG
900 WEST AVE Apt 421
MIAMI BEACH, FL 33139

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

HENNY J JONG
899 WEST AVENUE Apt 5 H
P.O. Box NOT acceptable
MIAMI BEACH, FL 33139

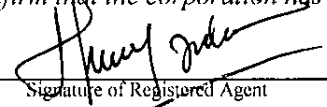
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The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

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.

 HENNY J JONG, President
Signature of an officer or director 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.

 03/11/2014
Signature of Registered Agent Date

If signing on behalf of an entity:
HENNY J JONG
Typed or Printed Name

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