## 91100059603

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## **COVER LETTER**

TO: Amendment Section Division of Corporations

SUBJECT: EVELYN MIAMI INC

Name of Corporation

DOCUMENT NUMBER. P11000059603

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:

David I WITZ, ESQ

Name of Contact Person

WITZ LAW P.A.

Firm/Company

1688 Meridian Ave, 7th Flr

Address

Miami Beach, FL. 33139

City/State and Zip Code

dwitz@lawwitz.com

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

For further information concerning this matter, please call:

**David Witz** 

<sub>a.</sub>91/

748-1702

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

statement of cha	provisions of sections 607.0502, 617.0502 nge is submitted for a corporation organiz to change its registered office or register	• • • • • • • • • • • • • • • • • • • •	
1. The name of the	he corporation: EVELYN MIAMI IN	С	
	office address: C/O Eleonora DePa ach, FL. 33139	alma,350 Lincoln Road, 2nd Flr	
3. The mailing a	ddress (if different):		
4. Date of incorp	oration/qualification: 11/07/2012		
	street address of the current registered ag tment of State: (If resigned, enter resigned		
	Cheema Balwant		
	8301 NW 197th Street		
	Miami, FL. 33015	<u> </u>	
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):		(if changed) and /or registered office	
	Eleonora DEPALMA		
	350 Lincoln Road, 2nd Flr	icceptable	
	Miami Beach, FL. 33139	cceptable	
The street addre as changed will	ss of its registered office and the street a be identical.	ddress of the business office of its registered agent,	
Such change wa authorized by th	s authorized by resolution duly adopted board, or the corporation has been not	by its board of directors or by an officer so fied in writing of the change.	
Signatur	e of an officer or director	Oreste Di Leo Printed or typed name and title	
I further agree t performance of agent. Or, if thi	the appointment as registered agent and ocomply with the provisions of all status my duties, and I am familiar with and ac s document is being filed merely to reflect that the corporation has been notified in	tes relative to the proper and complete cept the obligation of my position as registered ct a change in the registered office address, I	
	Find Cree a	06/15/2017	
Sign	nature of Registered Agent	Date	
If signing on be	half of an entity:		
Ту	ped or Printed Name		

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

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