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DIVISION OF CORPORATION
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RD (M8)

COVER LETTER

TO:	Amendment Section Division of Corporations				
SUBJ	ECT:	yoddle Name of	, inc.		
DOC	UMENT NUMBER:	P1	10000596	72	
The en	nclosed Statement of Chang	e of Registered Off	ice/Agent and	fee are submit	ted for filing.
Please	return all correspondence o	oncerning this mat	ter to the follow	wing:	-
		·		-	
		Micha Name of C	el Moore		
		rume of C	omaci i cison		
		yodo	dle, inc.		
		Firm/0	Company		
				•••	
		32 S Osprey	Ave, Suite 2	203	• .
		Sarasota	, FL 34236		·
		City/State	and Zip Code		
		mike_moore9	9@yahoo.co	om	
	E-mail addres	ss: (to be used for	future annua	l report notifi	cation)
For fiv	ther information concerning	thic matter places	, call:		
. 01 14		•			
	Michael Mod Name of Contact P		at (70 Area (3	863-0230 ne Telephone Number
	. value of Contact I	Croon	Mea	sode & Dayini	ne rerephone rumber
Enclos	ed is a \$35.00 check made p	payable to the Depa	rtment of State	€.	
	Division P.O. Box	ent Section of Corporations	Ar Di Cl	reet Address: mendment Sectivision of Cor ifton Building	porations

Tallahassee, FL 32301

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

statement of cl	te provisions of sections 607.0502, 617.050 hange is submitted for a corporation orgai der to change its registered office or regist	nized under the laws of the State of Flor	ida
	of the corporation: YOddle , inc	erea agent, or both, in the state of Floric	ш.
	al office address: 32 S Osprey Ave, S	Suite 203, Sarasota, FL 34236	
3. The mailing	g address (if different):		
4. Date of inco	orporation/qualification: 06/28/2011	Document number: P110	00059672
	nd street address of the current registered a partment of State: (If resigned, enter resigned		e
	Michael Moore		
	6619 Grand Point Ave		
	University Park, FL 34201		<u>ല</u>
6. The name and (if changed):	MILONIO Mike Moore	nt (if changed) and /or registered office	MSGR OF CORPORE
	32 S Osprey Ave, Suite 203 P.O. Box NO	T acceptable	1:53
	Sarasota, FL 34236		22 8
The street addr	ress of its registered office and the street ll be identical.	address of the business office of its reg	istered agent,
Such change wauthorized by t	vas authorized by resolution duly adopted the board, or the corporation has been no	d by its board of directors or by an office the bottlined in writing of the change.	cer so
_4.	ture of an officer or director	Michael Moore - VP	
I hereby accen	of the appointment as registered agent and to comply with the provisions of all state and I am familiar with and accept the obliging filed merely to reflect a change in the best been notified in writing of this change.	Printed or typed name and title ad agree to act in this capacity. utes relative to the proper and complete igation of my position as registered age e registered office address, I hereby co	e performance ent. Or, if this nfirm that the
11,0	101-	09/01/2011	
	ignature of Registered Agent schalf of an entity:	Date	
	Michael Moore Typed 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 * * *