

Division of Corporations

Page 1 of 1

# PI1000072667

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H12000228393 3)))



H12000228393ABC

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

## To:

Division of Corporations  
Fax Number : (850) 617-6380

## From:

Account Name : BUSINESS FILINGS  
Account Number : 105256001620  
Phone : (608) 827-5300  
Fax Number : (608) 827-5501

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address: Ecisive@gmail.com

## REGISTERED AGENT CHANGE ECISIVE, INC

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$35.00

Electronic Filing Menu

Corporate Filing Menu

Help

SEP 18 2012

T. BROWN

12 SEP 18 PM 2:41

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONSRECEIVED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

12 SEP 18 PM 1:36

RECEIVED

850-617-6381

9/18/2012 9:31:27 AM PAGE 1/001 Fax Server



September 18, 2012

FLORIDA DEPARTMENT OF STATE  
Division of CorporationsECISIVE, INC  
3441 NW 44TH ST., APT 103  
OAKLAND PARK, FL 33309USSUBJECT: ECISIVE, INC  
REF: P11000072667

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The current name of the entity is as referenced above. Please correct your document accordingly.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Teresa Brown  
Regulatory Specialist IIFAX Aud. #: H12000228393  
Letter Number: 012A00023361

P.O BOX 6327 - Tallahassee, Florida 32314

800 P.008

Fax Audit: H120002283933

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: ECISIVE, INC
2. The principal office address: 3441 NW 44th St Apt 103, Oakland Park, Florida 33309
3. The mailing address (if different): \_\_\_\_\_
4. Date of incorporation/qualification: 8/15/2011 Document number: PI1000072667
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)

INCOPI SERVICES INC17888 67TH COURT NORTHLOXAHATCHEE FL 33470 US

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

Business Filings Incorporated515 E. Park Avenue Tallahassee, Florida 32301P.O. Box NOT acceptable

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

Lubna Anwar Malik, President

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

21st day of August 2012

Date

If signing on behalf of an entity:

Mark Williams, AVP

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  
CR2EDM5 (2/05)

Fax Audit: H120002283933

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
12 SEP 18 PM 2:41