## P11000083006

| (Re                                     | equestor's Name)   |           |
|-----------------------------------------|--------------------|-----------|
| (Address)                               |                    |           |
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| (Cit                                    | ty/State/Zip/Phone | e #)      |
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DIVISION OF CORPORATION 12 29

RAROCHS COUPS/12

## **COVER LETTER**

| TO: Amendment Section Division of Corporations                    |                                                              |
|-------------------------------------------------------------------|--------------------------------------------------------------|
| SUBJECT: REMIDA INC Name of Corporation                           | on                                                           |
| DOCUMENT NUMBER: P1/0000 83 00                                    | 06                                                           |
| The enclosed Statement of Change of Registered Office/Agent       |                                                              |
| Please return all correspondence concerning this matter to the fo | ollowing:                                                    |
| DANIELE ZAMPA Name of Contact Pers                                | son                                                          |
| REMIDA INC Firm/Company                                           | <del> </del>                                                 |
| 13575 58TH STREET NO Address                                      | MH #200                                                      |
| CLEAR WATER FL 337 City/State and Zip Co                          | 60<br>ode .                                                  |
| REMIDA INC @ GMAIL.  E-mail address: (to be used for future and   | nual report notification)                                    |
| For further information concerning this matter, please call:      |                                                              |
| 1R. DANIELE ZAMPA at (A                                           | 727 <u>483 - 1965</u><br>rea Code & Daytime Telephone Number |
| Enclosed is a \$35.00 check made payable to the Department of     | State.                                                       |
| Mailing Address: Amendment Section Division of Corporations       | Street Address: Amendment Section Division of Cornorations   |

Clifton Building

Tallahassee, FL 32301

2661 Executive Center Circle

CR2E045 (03/12)

P.O. Box 6327

Tallahassee, FL 32314

## 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.                                                                                                                                                                                                                                                                               |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 1. The name of the corporation: REMIDA INC                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
| 2. The principal office address: 13575 58TH STREET NORTH + 200                                                                                                                                                                                                                                                                                                                                                                                                                              |
| CLEARWATER 33760 FL                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| 3. The mailing address (if different):                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
| 4. Date of incorporation/qualification: 09/21/2011 Document number: P11000083006                                                                                                                                                                                                                                                                                                                                                                                                            |
| 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)                                                                                                                                                                                                                                                                                                                            |
| ZAMPA DANIFLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| 2021 IST AVE NORTH                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
| ST PETENSZURG FL 33713 US                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| 221 IST AVE NORTH  ST PETERSING FL 337/3 US  6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):  JACOB FISHER                                                                                                                                                                                                                                                                                                                  |
| JACOB FISHER                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| 13575 58TH STREET NORTH #200 P.O. BOX NOT acceptable                                                                                                                                                                                                                                                                                                                                                                                                                                        |
| CLEARWATER 33760 FL                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| 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 office of director  H2. DANIELE ZAMPA 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. |
| 4/25/12                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| Signature of Registered Agent Date  If signing on behalf of an entity:                                                                                                                                                                                                                                                                                                                                                                                                                      |
| Jacob Fishen                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| Typed or Printed Name                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |

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