

P11000098738

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐ PICK-UP

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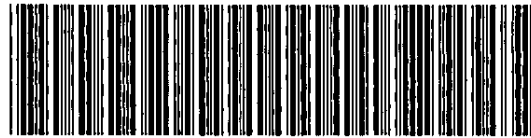
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

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DIVISION OF CORPORATIONS  
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Rolch  
@ 6/28/12

## COVER LETTER

TO: Amendment Section  
Division of Corporations

SUBJECT: EA E Koi Holdings, Inc  
Name of Corporation

DOCUMENT NUMBER: P11000098738

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:

Ellice Koi  
Name of Contact Person

EA E Koi Holdings Inc  
Firm/Company

5730 Claiborne St  
Address

Melbourne FL 32940  
City/State and Zip Code

ellice.fogg@hotmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Ellice Koi at (267) 760-3221  
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: END E Koi Holdings Inc
2. The principal office address: 5730 Claiborne St.  
Melbourne, FL 32940
3. The mailing address (if different): \_\_\_\_\_
4. Date of incorporation/qualification: 11/15/2011 Document number: P11000098738
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)

Ellice Koci  
5724 Triep A Drive  
Melbourne, FL 32940

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

Ellice Koci  
5730 Claiborne St.  
P.O. Box NOT acceptable  
Melbourne, FL 32940

12 JUN 28 PM 12:30  
DIVISION OF CORPORATIONS  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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.

Ellice Koci Ellice Koci  
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.*

Ellice Koci 6/23/2012  
Signature of Registered Agent Date

If signing on behalf of an entity:

\_\_\_\_\_  
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  
CR2E045 (03/12)