

P1200002066

Florida Department of State
Division of Corporations
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To: Division of Corporations
Fax Number : (850) 617-6380

From: Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (850) 222-1092
Fax Number : (850) 878-5368

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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REGISTERED AGENT CHANGE ELOHSSA, INC.

Certificate of Status	0
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Page Count	01
Estimated Charge	\$35.00

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3/2012 15:19 8656336092

CT CORPORATION

PAGE 02/04

TRANSMISSION VERIFICATION REPORT

TIME : 03/20/2012 09:16
NAME : CT CORPORATION
FAX : 8656336092
TEL : 8653423522
SER. # : BROK9J985188

DATE, TIME
FAX NO./NAME
DURATION
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RESULT
MODE

03/20 09:15
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Estimated Charge	\$35.00
Page Count	03
Certified Copy	0
Certificate of Status	0

REGISTERED AGENT CHANGE
ELOHSSA, INC.

Email Address:

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

Account Name : C T CORPORATION SYSTEM
Account Number : FCA0000000023
Phone : (850) 222-1092
Fax Number : (850) 878-5368

From:

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

To:

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: ELOHSSA, INC.
Name of Corporation

DOCUMENT NUMBER: PI2000002066

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:

Name of Contact Person

Firm/Company

Address

City/State and Zip Code

pbriand@bbinslegal.com

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

For further information concerning this matter, please call:

Name of Contact Person

at ()

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

CR2E045 (8/05)

FL306 - 01/23/2009 C.T. System Online

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: ELOHSSA, INC.
2. The principal office address: 220 S. RIDGEWOOD AVENUE DAYTONA BEACH FL 32114
3. The mailing address (if different): 220 S. RIDGEWOOD AVENUE DAYTONA BEACH FL 32114
4. Date of incorporation/qualification: 1/6/2012 Document number: P12000002066
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)

CORPORATION SERVICE COMPANY

1201 HAYS STREET TALLAHASSEE FL 32301

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

CT Corporation System

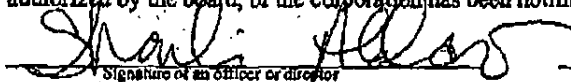
c/o CT Corporation System, 1200 South Pine Island Road

P.O. Box NOT acceptable

Plantation, Florida 33324

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.



Sharlin Aldao, Vice 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.

By: CT Corporation System

Signature of Registered Agent

03/09/2012

Date

If signing on behalf of an entity:

Kristin Bolden

Typed Assistant Secretary

*** 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 (8/05)

FL006 - 07/23/2009 CT System Outfile

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12 MAR 20 PM 2:03
TALLAHASSEE, FLORIDA
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