

P12000031918

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Snitchforme Corp

Name of Corporation

**DOCUMENT NUMBER:** P12000031918

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:

Idanay Ramirez

Name of Contact Person

Firm/Company

5727 nw 7th street apt 290

Address

Miami FL 33126

City/State and Zip Code

idanaycuba@hotmail.com

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

For further information concerning this matter, please call:

Idanay Ramirez

Name of Contact Person

at ( 786 ) 3277258

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



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

July 17, 2012

IDANAY RAMIREZ  
5727 NW 7TH ST., APT 290  
MIAMI, FL 33126

SUBJECT: SNITCHFORME CORP  
Ref. Number: P12000031918

We have received your document for SNITCHFORME CORP and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

If the information about the registered agent is changing, please fill out part 6 of your form.

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.

Carol Mustain  
Regulatory Specialist II

Letter Number: 212A00018942

**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 Miami Florida in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: Snitchforme Corp
2. The principal office address: 5727 nw 7th street apt 290  
Miami FL 33126
3. The mailing address (if different): \_\_\_\_\_

4. Date of incorporation/qualification: 04/03/2012 Document number: P12000031918

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)

Idanay Ramirez  
apt 290  
5727 nw 7th street Miami FL 33126

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

Idanay Ramirez  
5727 nw 7<sup>th</sup> street #299 Miami FL 33126  
P.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]  
Signature of an officer or director

Idanay Ramirez/owner  
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]  
Signature of Registered Agent

07/09/12  
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)