P12000077801

(F	Requestor's Name)	
(#	Address)	
(/	Address)	
(0	City/State/Zip/Phone #)	
PICK-UP	☐ WAIT	MAIL MAIL
(E	Business Entity Name)	
])	Document Number)	
Certified Copies	Certificates of	Status
Special Instructions t	to Filing Officer:	

Office Use Only



200245032842

02/25/13--01025--025 **35.00

SECRETARY OF STATE
DIVISION OF CHRPORATION
13 FEB 25 PH 2: 55

R.A.

FEB 2 8 2013

T. BROWN

COVER LETTER

TO: Amendment Section Division of Corporations
SUBJECT: EBD FOUCHISING- Name of Corporation
DOCUMENT NUMBER: P1200007780
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
1330 West Alene #2612
Mianu Boodh 71 33139 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Name of Contact Person at (786) 363 - 4214 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 Street Address: Amendment Section Division of Corporations Division of Corporations Clifton Building

Tallahassee, FL 32314

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 in order to change its registered office or registered agent, or both, in the State of Florida.
1. The name of the corporation: EBD Fourhisus, Inc. 2. The principal office address: 1330 West Menue, Suite 2612 Milling Beach, 71, 33135
3. The mailing address (if different):
4. Date of incorporation/qualification: 913/2012 Document number: P120000 77801
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)
Garcie, Anselo
1330 West Avenue Surfe 2612 # 500
MIaMi Broach 7L 33139
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):
Christopher Valumbo
1330 NEST ARNE # 2612 P.O. Box NOT acceptable
MIDMI Beach 7L 33139
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 comporation has been notified in writing of the change.
Signature of an officer or director Printed of typed name and title
I hereby accept the appointmental 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 with a 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 tapporation has been notified in writing of this change.
Signature of Registered Agent 2/20/2013 Date
If signing on behalf of an entity:
Typed or Printed Name

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