P12000086471

| (Re | equestor's Name) | |
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| (Ci | ty/State/Zip/Phone | #) |
| PICK-UP | WAIT | MAIL |
| (Bı | usiness Entity Namo | e) |
| (Do | ocument Number) | <u> </u> |
| Certified Copies | _ Certificates | of Status |
| Special Instructions to | Filing Officer: | |
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Office Use Only



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R.A.

DEC 1 3 2012 T. BROWN

COVER LETTER

| Division of Corporations | |
|--|--|
| SUBJECT: Temond Inc Name of Corporation | |
| DOCUMENT NUMBER: P 12000086471 | |
| 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: | |
| Temond Joleng Name of Contact Person Jemond Jne Firm/Company 18835 NW 14 TH Ave RD Address Miami, H 33169 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 T at (| |
| 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

November 28, 2012

TEMOND YOUNG TEMOND INC 18835 NW 14TH AVE RD MIAMI, FL 33169

SUBJECT: TEMOND INC Ref. Number: P12000086471

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

The registered agent must sign accepting the designation.

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.

Letter Number: 112A00028324

Teresa Brown Regulatory Specialist II

www.sunbiz.org

Division of Comparations DO ROY 6397 Tallahassaa Florida 3931/

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 <u>FHORUDA</u> in order to change its registered office or registered agent, or both, in the State of Florida. |
| 1. The name of the corporation: <u>temond</u> Inc |
| 2. The principal office address: 18835 NW 14 TH Ave RD |
| miami, t-4 33169 |
| 3. The mailing address (if different): |
| 4. Date of incorporation/qualification: 10.12.12 Document number: P120000 864 71 |
| 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) |
| Aizman Frida |
| 18267 NE 4TH CT |
| miami. Fl 33162 |
| 6. The name and street address of the new registered agent (if changed) and /or registered office (if changed): |
| Temond Young. 18835 NW 14TH Ave ED |
| 18835 NW 14 TH Ave PD |
| miami, FL 33169 |
| 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 for 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. |
| Signature of Begistered Agent 12/10/12 Date |
| If signing on behalf of an entity: |
| Temonol Young. 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)

DIVISION OF CANCENDIO