P13000026859

(Red	questor's Name)	· 			
(Ado	dress)				
(Address)					
(City/State/Zip/Phone #)					
PICK-UP	WAIT	MAIL			
(Business Entity Name)					
(Document Number)					
Certified Copies	_ Certificates	s of Status			
Special Instructions to Filing Officer:					

Office Use Only



600296024426

03/16/17--01008--014 **35.00

SECRETARY OF STATE DIVISION OF COMPORATIONS

V HERRING MAR 2 0 2017

COVER LETTER

10:	Amendment Section Division of Corporations					
SUR I	EIB Realty					
SUDO	SUBJECT: Name of Corporation					
	P13000026859					
DOC	JMENT NUMBER:					
The er	iclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.					
Please	return all correspondence concerning this matter to the following:					
	Elsa Burgess					
	Name of Contact Person					
	EIB Realty, President					
	Firm/Company					
	11492 SW 148 Path					
Address						
Miami, Florida 33196						
City/State and Zip Code						
	eib.ebills@gmail.com					
	E-mail address: (to be used for future annual report notification)					
	rther information concerning this matter, please call:					
Elsa	Burgess 305 283-4238					
	Name of Contact Person at () Area Code & Daytime Telephone Number					
Enclos	sed is a \$35.00 check made payable to the Department of State.					
	Mailing Address:Street Address:Amendment SectionAmendment SectionDivision of CorporationsDivision of Corporations					
	P.O. Box 6327 Clifton Building					
	Tallahassee, FL 32314 2661 Executive Center Circle					

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

Pursuant to the	provisions of sections 607.0502, to	517.0502, 607.1508, or 617.1508, Florida Statutes, t n organized under the laws of the State of Florida	his
in orde	er to change its registered office of	r registered agent, or both, in the State of Florida.	
1. The name of	EIB Realty Co	orporation	
		Path Miami, FL 33196	
3. The mailing a	address (if different):		
4. Date of incor	poration/qualification: March 22	2, 2013 P13000026859)
	rtment of State: (If resigned, enter	stered agent and registered office on file with the resigned)	
	Elsa Burgess		•
	2929 Via Torino		S VI
	Santa Clara, CA 95051		SECRETARY VISION OF CO
6. The name and (if changed):	d street address of the new register	red agent (if changed) and /or registered office	TECORPOR
	11492 SW 148 Path		
	Miami, FL 33196		ATIES.
	P O. 1	Box NOT acceptable	·
The street addre	ess of its registered office and the be identical.	street address of the business office of its registere	ed agent,
Such change wa authorized by th	as authorized by resolution duly a ne board, or the corporation has b	adopted by its board of directors or by an officer so seen notified in writing of the change.	1 1
a Do	Amo	Elsa Burgess, President	3 12 2017
,	re of an officer or director	Printed or typed name	
I hereby accept I further agree performance of agent. Or, if th hereby confirm	the appointment as registered ag to comply with the provisions of a my duties, and I am familiar with is document is being filed merely that the corporation has been no	gent and agree to act in this capacity. all statutes relative to the proper and complete h and accept the obligation of my position as regist to reflect a change in the registered office address tified in writing of this change.	ered , I
Sig	nature of Registered Agent	Date	
If signing on be	half of an entity:		
T	yped or Printed Name	-	

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