## P14000026153

(Re	questor's Name)	
(Ad	dress)	
· /Ad	dress)	
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(Cit	y/State/Zip/Phone	e #)
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PICK-UP	WAIT	MAIL
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(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
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SECRETARY OF STATE
TALLAMASSEE, FLORID
15 APR 10 PH 2: 45

APR 13 2015 T. CARTER

## **COVÉR LETTER**

Amendment Section Division of Corporations

TO:

mi SUBJECT:	ller method imports inc.	
50 <b>5</b> 0Ee1	Name of Cor	poration
	P14000026153	
DOCUMENT	NUMBER:	<del></del>
The enclosed S	tatement of Change of Registered Office/	Agent and fee are submitted for filing.
Please return al	l correspondence concerning this matter t	o the following:
	moshe miller	
	Name of Conta	act Person
	miller method imports inc.	
	Firm/Com	pany
	3921 alton road, suite 166	
	Addres	SS
	miami beach, florida, 33140	
	City/State and	Zip Code
	karl@millermethodimports.com	
	E-mail address: (to be used for futi	ure annual report notification)
For further info	rmation concerning this matter, please cal	1:
karl schoen		310 4980180
	Name of Contact Person	at () Area Code & Daytime Telephone Number
Enclosed is a \$3	35.00 check made payable to the Departm	ent of State.
	Mailing Address: Amendment Section	Street Address: Amendment Section
	Division of Corporations	Division of Corporations
	P.O. Box 6327	Clifton Building
	Tallahassee, FL 32314	2661 Executive Center Circle

Tallahassee, FL 32301

) Waterwitt	BOTH FOR CORPORATIONS		.,, .,	
statement of cha	provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Flo ange is submitted for a corporation organized under the laws of the Stat er to change its registered office or registered agent, or both, in the Stat	te of tloric	da	<i>s</i>
1 The name of	miller method imports inc.			
2. The principal	3921 alton road, suite 166			
3. The mailing a	address (if different):			
4. Date of incor	poration/qualification: Parameter Parameter Parameter Document number:	4000026	3153	
	d street address of the current registered agent and registered office on f rtment of State: (If resigned, enter resigned)  deb reeves	ile with th	e	
	corporation service company		15 APR	SECR TALLA
	1201 hays street, Tallahassee, florida, 32301		RIO	ETASSI ETASSI
6. The name and (if changed):	d street address of the new registered agent (if changed) and /or registered	ed office	PH 2: I	ED OF STA
	moshe miller		45	ATE ADA
	miller method imports inc.			
	P.O. Box NOT acceptable 3921 alton road, suite 166, miami beach, florida, 33140			
The street address changed will	ess of its registered office and the street address of the business office be identical.	of its regi	istered	agent,
Such change wa authorized by the	as authorized by resolution duly adopted by its board of directors or be board or the corporation has been notified in writing of the change	y an office	er so	
1	moshe miller, director	moshe miller, director		
Signatu	re of an officer or director Printed or typed name	and fitle		<del></del>
I further agree performance of	the appointment as registered agent and agree to act in this capacity to comply with the provisions of all statutes relative to the proper and my duties, and I am familiar with and accept the obligation of my posis document is being filed merely to reflect a change in the registered that the compration has been notified in writing of this change.	l complete sition as r	egister iress, i	ed I
	march 17, 2015			
Sig	mature of Registered Agent Date			<del></del>
If signing on be	half of an entity:			

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

moshe miller

Typed or Printed Name