P14000065025

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DIVISION OF CORPORATIONS
17 MAR 10 AM 9: 22



COVER LETTER

TO:	Amendment Section Division of Corporations					
SUBJE	ECT: EDEN WEB CORP.	Corporation 3				
	Name of C	Corporation				
DOCU	MENT NUMBER: P14000065025					
The en	closed Statement of Change of Registered Offic	ce/Agent and fee are submitted for filing.				
Please	return all correspondence concerning this matter	er to the following:				
	KAVI SHARMA					
Name of Contact Person						
	EDEN WEB CORP.					
Firm/Company						
	1944 EMPRESS CT. Address					
	Add	iress				
NAPLES FL 34110						
City/State and Zip Code						
KAVIZBOX@GMAIL.COM						
E-mail address: (to be used for future annual report notification)						
For fur	ther information concerning this matter, please	call:				
KAVI S	SHARMA	at (305) 546-8509				
	Name of Contact Person	Area Code & Daytime Telephone Number				
Enclosed is a \$35.00 check made payable to the Department 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

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

statement of change is su	bmitted for a corporation organi	2, 607.1508, or 617.1508, Florida Statized under the laws of the State of FLOR	IDA	
		red agent, or both, in the State of Flor	rida.	
	ration: EDEN WEB CORP.			
2. The principal office ad	Idress: 1944 EMPRESS CT. NAF	PLES FL 34110		
3. The mailing address (in	f different):			
4. Date of incorporation/o	qualification: 08/04/2014	Document number: P140000650	025	
	ddress of the current registered ag State: (If resigned, enter resigned	gent and registered office on file with t i)	the	
Desbaill	ets, Anette 2001 16th street n st	petersburg, FL 33704		
			<u>ئ</u>	
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed): Registered Agents Inc.				
Regis	tered Agents Inc.		O 63%	
3030 N. Rocky Point Dr. STE 150A)A	3	
	P.O. Box NOT acceptable		22	
Tamp	a FL 33607		en (V	
-		ddress of the business office of its re		
Such change was authorized by the board,	ized by resolution duly adopted or the corporation has been noti	by its board of directors or by an offi ified in writing of the change.	cer so	
Signature of an office	cer or director	KAVI SHARMA, PRESIDENT Printed or typed name and title		
I further agree to comply performance of my dutie agent. Or, if this docum	s, and I am familiar with and ac	agree to act in this capacity. tes relative to the proper and comple cept the obligation of my position as ct a change in the registered office a	registered	
Bell Home		MARCH 7, 2017		
Signature of Re		Date		
If signing on behalf of ar	1 entity:			
Bill Havre Typed or Print	ted Name			
-,,,	* * * FILING FEE	E: \$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)