

PL600000 B036

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

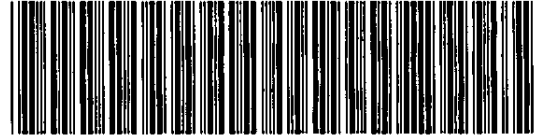
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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*NAPO*  
MAR 01 2016  
T. LEMIEUX

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Efeso Corp.

Name of Corporation

**DOCUMENT NUMBER:** P16000013036

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:

Marci Lowman, Esq.

Name of Contact Person

Kim & Lowman, LLP

Firm/Company

8620 NE 2 Avenue

Address

Miami, Florida 33138

City/State and Zip Code

ML@KimandLowman.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Marci Lowman, Esq.

Name of Contact Person

at ( 305 ) 981-4477

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  
Tallahassee, FL 32314

**Street Address:**

Amendment Section  
Division of Corporations  
Clifton Building  
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 Florida in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: Efeso Corp.
2. The principal office address: 8620 NE 2 Avenue  
Miami, Florida 33138
3. The mailing address (if different): 8620 NE 2 Avenue  
Miami, Florida 33138
4. Date of incorporation/qualification: 2/9/2016 Document number: P16000013036
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)

Resigned

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

Kim & Lowman, LLP

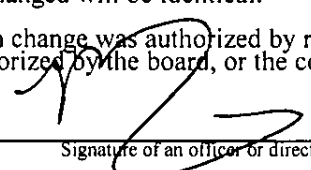
8620 NE 2 Avenue

P.O. Box NOT acceptable

Miami, Florida 33138

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

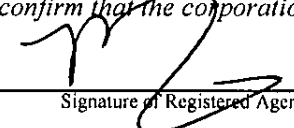
Such change was authorized by resolution duly adopted by its board of directors or by its officers so authorized by the board, or the corporation has been notified in writing of the change.

  
\_\_\_\_\_  
Signature of an officer or director

Marci Lowman, Esq., Attorney-in-Fact

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 Registered Agent

February 22, 2016

Date

If signing on behalf of an entity:

Marci Lowman, Partner

Typed or Printed Name

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