## P170032012

(Requestor's Name)	
(Address)	
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT	MAIL
(Business Entity Name)	<u>  </u> 
(Document Number)	$\parallel$
Certified Copies Certificates of Statu	  s
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## **COVER LETTER**

TO: Amendment Section Division of Corporations	
SUBJECT: ENOL S	Name of Corporation
DOCUMENT NUMBER: PT	00003 a012
The enclosed Statement of Change of	Registered Office/Agent and fee are submitted for filing.
Please return all correspondence conc	eerning this matter to the following:
Enn	L Swemo Name of Contact Person
Enn	L. Screman PA
_ 800 E.	Cypress Creek Rd, Ste 305 Address
Ft. Lau	Cercale FL 33334 City/State and Zip Code
E-mail address:	to be used for future annual report notification)
 For further information concerning th	is matter, please call:
Rame of Contact Person	at (954) 504-3787 Area Code & Daytime Telephone Number
Enclosed is a \$35.00 check made paya	able to the Department of State.
Mailing Add Amendment Division of P.O. Box 63 Tallahassee,	Section
	Tallahassee, FL 32301

CR2E045 (03/12)

## 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: Ein L. Sandman, PA
2. The principal office address: 800 E (YPTESS (SEE): F2 SHE 305 A: Law Serdale FL 33334
3. The mailing address (if different):
4. Date of incorporation/qualification: 4/16/17 Document number: P170000 32012
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)
Ein L Sendman
324 Seguoja Lo.
Boxa Ruhan 92 33487  6. The name and street address of the new registered agent (if changed) and /or registered office
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):
Ein L Sagnan
800 E CYPIEN CITEX RZ St 305 %
Ft. Lauderdale FL 333341
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 officer or 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 Registered Agent Date
If signing on behalf of an entity:
Enn L Sandma Typed or Printed Name
Typed or Printed Name  * * * FILING FEE: \$35.00 * * * *
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MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE

MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314