| (Requestor's Name)                      |
|---|
|   |
| (Address)                               |
|   |
| (Address)                               |
| ,                                       |
| (City/State/Zip/Phone #)                |
| (Only/State/Zip/Prione #)               |
| PICK-UP WAIT MAIL                       |
|   |
| (Business Entity Name)                  |
|   |
| (Document Number)                       |
|   |
| Certified Copies Certificates of Status |
|   |
|   |
| Special Instructions to Filing Officer: |
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Office Use Only



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#### **COVER LETTER**

TO: Amendment Section Division of Corporations

SUBJECT: Entourage Management Group, Inc.

Name of Corporation

DOCUMENT NUMBER: P18000067495

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:

## Samantha Jackson

Name of Contact Person

Meriam Corporate Services, Inc.

Firm/Company

PO Box 52588

Address

Mesa AZ 85208

City/State and Zip Code

### meriamfinancial@gmail.com

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

For further information concerning this matter, please call:

Samantha Jackson

720 318.8456

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
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 statement of change is submi  | tted for a corporation or  |  | f the State of Florida                            |
|---|--|--|---|
| <ol> <li>The name of the corporation</li> <li>The principal office addre</li> </ol>   |  |  |   |
| 3. The mailing address (if di   | Terent):   |  |   |
| 4. Date of incorporation/qua  | ification: 08/06/201   | 8 Document num   | <sub>ber:</sub> P18000067495                      |
| 5. The name and street addre<br>Florida Department of Sta   |  |  | fice on file with the                             |
| Daniel M  | lendelson  |  |   |
| 2232 NV   | V 82nd Ave   |  |   |
| Miami F   | _ 33122  |  |   |
| 6. The name and street addre<br>(if changed):  Daniel M   | ss of the new registered   | agent (if changed) and /or   | r registeres (Fig. 1) PEC -                       |
| 2246 Wi   | nter Woods Blvd  |  | 7 7   |
| <del></del>   |  | NOT acceptable   | M 2:56  |
| The street address of its reg<br>as changed will be identical   | stered office and the str  | eet address of the busine  | ss office of its registered agent.                |
| Such thange was authorized authorized by the board, or  | by resolution duly adophé corporation has been   | oted by its board of direct notified in writing of the                           | tors or by an officer so<br>e change.             |
| Mulless   | Daniel Mendelson, President  |  |   |
| Signature of an officer of I hereby accept the appoints I further agree to comply we performance of my duties, a agent. Or, if this document hereby confirm that the corporation of Register of Register of Register. | nent as registered agent<br>th the provisions of all :<br>nd I am familiar with a<br>is being filed merely to<br>poration has been notific | and agree to act in this statutes relative to the pride accept the obligation of | oper and complete<br>of my position as registered |
| If signing on behalf of an er   | tity:  |  |   |

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