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(Address) (Address) (City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name)						
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SECRETARY OF STATE ANASSEE. FLORIDA

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COVER LETTER

Division of	Corporations	
SUBJECT:	EXOTIC RATTAN IN	C. f Corporation)
DOCUMENT NUM	MBER: P 95000	024265
The enclosed Statem	ent of Change of Registered Of	fice/Agent and fee are submitted for filing.
Please return all corr	respondence concerning this mat	tter to the following:
	ROBERT RUIS	· E CO
_	(Name of (Contact Person)
	EYONC MAN	TAN INC.
_	(Firm)	Company)
	8140 N.W.	14 NE. 415 ddress)
	(A	ddress)
	MFOLEY F (City/State	c. 33178
	• •	• ,
For further informati	ion concerning this matter, pleas	e call:
ROBERT RUI.	reco	at (305) 888-8689 (Area Code & Daytime Telephone Number)
(Nan	re of Contact Person)	(Area Code & Daytime Telephone Number)
Enclosed is a \$35.00	check made payable to the Dep	eartment 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

TO:

Amendment Section

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

statement of char	ige is submitted j	for a corpor	ation organized	d under ti	h <u>e la</u> ws of the S	Florida Statutes, this State of FLOMOA
1. The name of th		EYOTIC	RATTAN	INC	,	uate of Fioriaa.
2. The principal of	office address:	8140	N.W 74	NE.	415	
3. The mailing ad	ldress (if differer		y, FL. 33			
4. Date of incorpo	oration/qualificat	ion:	1995	_ Docun	nent number: _	P950000 24265
5. The name and a Florida Depart	street address of					
-	*** <u>***</u>	MIKAE	L STOST	tom		
-		10187	L 5705T7 N. W. 87	Ave.		
_		M EDLEY	FL. 331	87		5 0 0
6. The name and so (if changed):		_	,		l) and /or regis	terred office HARR
-	/	NIKAEL	S TOSTRO U. W. 3 S NOT acceptable)	M		
-		(P.O. Box N	U.W. 3 S NOT acceptable)	Σ		
_			AMON, FL			om or
The street addres as changed will b	s of its registere	d office and	i the street add	iress of ti	he business of	fice of its registered agent,
_						or by an officer so inge.
(Signature	nor faces	ion)		Ro	Printed or typed	ECO IRESIANT
. •		•	ed agent and as s of all statutes ept the obligat hange in the re his change.	gree to a relative ion of m gistered		city and complete performance egistered agent. Or, if this , I hereby confirm that the
Mill (Sign	ature of Registered A	zent)		_9/	3/07	
If signing on beh	alf of an entity:	2 <i>m</i>			·	•

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