195000039317

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

Office Use Only



400130914974

06/09/08--01010--002 **35.00

LA Roch

SECKETARY OF STATE

COVER LETTER

| TO: | Amendment Section Division of Corporations | | | |
|--|---|--|--|--|
| SUBJE | ECT: EILEEN B INC. (Name of Co | poration) | | |
| DOCU | MENT NUMBER: P95000039317 | | | |
| The en | closed Statement of Change of Registered Office/ | Agent and fee are submitted for filing. | | |
| Please | return all correspondence concerning this matter t | o the following: | | |
| | Karl J. Schumer (Name of Cont | act Person) | | |
| Karl J. Schumer, P.A. (Firm/Company) | | | | |
| 18851 NE 29 Avenue, Suite 700 (Address) | | | | |
| Aventura, FL 33180 | | | | |
| (City/State and Zip Code) | | | | |
| For fur | ther information concerning this matter, please ca | II: | | |
| Karl J. | . Schumer (Name of Contact Person) | at (305) 466-1475 (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

| | 1 | 7.0502, 607.1508, or 617.1508, Florida Statutes, this organized under the laws of the State of FL | | | |
|------------------------------------|---|---|--|--|--|
| • | - | egistered agent, or both, in the State of Florida. | | | |
| 1. The name of | the corporation: EILEEN B INC | | | | |
| | l office address: 18851 NE 29 Avenu | re, Suite 700, Aventura, FL 33180 | | | |
| | | | | | |
| 3. The mailing a | address (if different): | | | | |
| 4. Date of incor | rporation/qualification: 05/17/1995 | Document number: P95000039317 | | | |
| | nd street address of the current register artment of State: | red agent and registered office on file with the | | | |
| | Judah Burstyn | | | | |
| | 18791 Biscayne Blvd. | | | | |
| | Miami, FL 33180 | | | | |
| 6. The name and (if changed): | <u> </u> | agent (if changed) and /or registered office | | | |
| | Karl J. Schumer, P.A. | | | | |
| | 18851 NE 29 Avenue, Suite 700 | | | | |
| | (P.O. Box NOT acceptable) | | | | |
| | Aventura, FL 33180 | | | | |
| The street address changed will | ess of its registered office and the state identical. | treet address of the business office of its registered agent, | | | |
| Such change wauthorized by the | /as authorized by resolution duly ad | opted by its board of directors or by an officer so en notified in writing of the change. | | | |
| | ture of an office or director) | Tudah Burstlw, V.P. (Printed or typed name and title) | | | |
| of my duties, ar document is be | t the appointment as registered age, to comply with the provisions of all and I am familiar with and accept the sing filed merely to reflect a change as been notified in writing of this change. | nt and agree to act in this capacity. I statutes relative to the proper and complete performance e obligation of my position as registered agent. Or, if this in the registered office address, I hereby confirm that the ange. | | | |
| 25 | | 06/05/2008 | | | |
| | ignature of Registered Agent) | (Date) | | | |
| | ehalf of an entity: | | | | |
| Karl J Schum | NET (Typed or Printed Name) | | | | |

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