

P97000010691

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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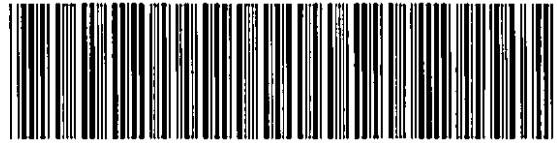
(Business Entity Name)

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2010 JUN 19 AM 11:16

TO: Amendment Section
Division of Corporations

SUBJECT: **NEONOTES, INC.**

Name of Corporation

DOCUMENT NUMBER: **P97000010691**

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:

Andrew Kairalla

Name of Contact Person

Neonotes, Inc.

Firm/Company

8374 SW 47TH STREET

Address

Miami, FL 33155

City/State and Zip Code

ryankair@gmail.com

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

For further information concerning this matter, please call:

Andrew Kairalla

Name of Contact Person

305 439-2265

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

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