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Damisetar's Nama 2MB ENTERPRISES, INC. 5828 Old Winter Garden Road Orlando, FLorida 32835 Office Use Only CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known): (Corporation Name) (Document #) (Corporation Name) (Document #) (Corporation Name) (Document #) (Corporation Name) (Document #) ☐ Walk in Pick up time _ Certified Copy Mail out Will wait Photocopy Certificate of Status NEW FILINGS AMENDMENTS Profit Amendment NonProfit Resignation of R.A., Officer/Director Limited Liability Change of Registered Agent Domestication Dissolution/Withdrawal Other Merger OTHER FILINGS REGISTRATION/ QUALIFICATION Annual Report Foreign Fictitious Name Limited Partnership Name Reservation Reinstatement V. SHEPARD Trademark

Other



Florida Department of State, Jim Smith, Secretary of State

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORID:

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT, OR BOTH

Pursuant to the provisions of Sections 607.034 and 607.037, Florida Statutes, the undersigned corporation, organized under the laws of the State of Florida, submits the following statement in order to change its
registered office or registered agent, or both, in the State of Florida. 1. The name of the corporation is: 2mB Enterprises, INC.
1a. Date of incorporation 6/10/98 Document number 98000052630
2. The name and address of the present registered agent and office: Corporation Service Company 1201 Hays St., Talk has See, F1 32301
3. The name and address of the successor registered agent and office: (P. O. BOX NOT ACCEPTABLE)
me. Michael Budowski 5828 Old Winter Garden Rd., Orlando, Fl. 32835
The address of its registered agent and the 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. SIGNATURE (President or Vice President)
DATE 5/11/99
HAVING BEEN NAMED TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION, AT THE PLACE DESIGNATED IN THIS CERTIFICATE, I HEREBY AGREE TO ACT IN THIS CAPACITY, AND I FURTHER AGREE TO COMPLY WITH THE PROVISIONS OF ALL STATUTES RELATIVE TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES, AND I ACCEPT THE DUTIES AND OBLIGATIONS OF SECTION 607.325 FLORIDA STATUTES.
SIGNATURE (Registered Agent)
FILING FEE: \$20.00- 35.00 DATE 5/11/99