Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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(((H14000210424 3)))



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To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023

Phone : (850) 222-1092

Fax Number

: (850)878-5368

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:	;			

REGISTERED AGENT CHANGE SAMASH.COM, INC.

Certificate of Status	0
Certified Copy	1
Page Count	0,3/ 4
Estimated Charge	\$43.75

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Electronic Filing Menu

Corporate Filing Menu

Help

COVER LETTER

TO:	Amendment Section Division of Corporations
SUBJI	Samesh.Com, Inc.
	Name of Corporation
DOCU	P99000047676 JMENT NUMBER:
The en	closed Statement of Change of Registered Office/Agent and fee are submitted for filing.
Please	return all correspondence concerning this matter to the following:
	David Ash
	Name of Contact Person
	Sam Ash Music Corporation
	Firm/Company
	278 Duffy Avenue
	Address
	Hicksville, NY 11802
	City/State and Zip Code
	duvid.ash@samashmusic.com
	E-mail address: (to be used for future annual report notification)
For fu	rther information concerning this matter, please call:
David	-4.
	Name of Contact Person Area Code & Daytime Telephone Number
Enclos	sed is a \$35,00 check made payable to the Department of State.
	Mailing Address: Amendment Section Division of Corporations P.O. Box 6327 Street Address: Amendment Section Division of Corporations Division of Corporations Clifton Building
	P.O. Box 6327 Clifton Building Tallahassee, FL 32314 2661 Executive Center Circle Tallahassee, FL 32301

CR2E045 (03/12)

850-617-6381

9/9/2014 3:18:04 PM PAGE 1/001 Fax Server



September 9, 2014

FLORIDA DEPARTMENT OF STATE

Division of Corporations

SAMASE.COM, INC.

FAX FILINGC T CORPORATION SYSTEM**

HICKSVILLE, NY 11802-9047

SUBJECT: SAMASH.COM, INC.

REF: P99000047676

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The current name of the entity is as referenced above. Please correct your document accordingly.

There should be a comma between .COM and INC.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Tina D Carter Regulatory Specialist FAX Aud. #: E14000210424 Letter Number: 814A00019242

RE-SUBMIT
Please retain origin (1996)
date of submission 198

RECEIVED
14 SEP -9 PH 3:57
WHENE SEPPENDENT

P.O BOX 6327 - Tallahassee, Florida 32314

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

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of Florida	
in order to change its registered office or registered agent, or both, in the State of Florida.	
1. The name of the corporation: Samash.Com,Inc.	
2. The principal office address: 7726 Cheri CT., Tampa, FL 33634	
3. The mailing address (if different): 278 Duffy Avenue, P.O. Box 9047, Hicksville, NY 11802	
4. Date of incorporation/qualification: 05/26/1999 Document number: P99000047676	
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)	
Corporation Service Company	
1201 Hays Street S C C C	
Tallahassee, FL 32301	Τ)
(if changed):	= T D
CT Corporation System	
c/o C T Corporation System, 1200 South Pine Island Road	
P.O. Box NOT acceptable	
Plantation, Florida 33324	
The street address of its registered office and the street 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 or by an officer so authorized by the board, or the corporation has been notified in writing of the change.	
I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the copporation has been notified in writing of this change.	
By: Any Assistant Secretary 8/29/14	
Signatury of Regimered Agent Date	
If signing on behalf of an entity:	
C T Corporation System Typed or Printed Name	
* * * FILING FEE: \$35.00 * * *	

Make checks payable to Florida Department of State Mail to: Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

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