

P99000057644

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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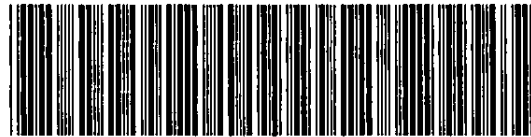
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS

R.A.

FEB -6 2013

T. BROWN

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Resume Again Inc.  
Name of Corporation

**DOCUMENT NUMBER:** P99000057644

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:

BEATRIZ TORRENTE  
Name of Contact Person

Resume Again Inc.  
Firm/Company

P.O. Box 226588  
Address

Miami, FLORIDA 33222  
City/State and Zip Code

beatriz@resumegain.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Beatriz Torrente at (305) 975-3722  
Name of Contact Person 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



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

January 17, 2013

BEATRIZ TORRENTE  
RESUME AGAIN INC.  
PO BOX 226588  
MIAMI, FL 33222

SUBJECT: RESUME AGAIN INC.  
Ref. Number: P99000057644

We have received your document for RESUME AGAIN INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

A post office box is not an acceptable address for the registered agent.

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.

Teresa Brown  
Regulatory Specialist II

Letter Number: 913A00001397

**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: Resume Again, Inc.
2. The principal office address: 9175 Font BLVD Unit 4  
MIAMI, FLORIDA 33172
3. The mailing address (if different): P.O. BOX 226588  
MIAMI, FLORIDA 33222
4. Date of incorporation/qualification: 6/25/1999 Document number: P99000057644
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)

BEATRIZ TORRENTE  
1835 EAST Hallandale Beach Blvd #575  
Hallandale Bch, Florida 575

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

Beatriz Torrente  
9175 Fontainebleau blvd #4  
MIAMI, FLA 33172

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.

Beatriz Torrente  
Signature of an officer or director

BEATRIZ TORRENTE  
Printed or typed name and title

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 corporation has been notified in writing of this change.

Beatriz Torrente  
Signature of Registered Agent

1-9-2013  
Date

If signing on behalf of an entity:

\_\_\_\_\_  
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  
CR2E045 (03/12)