## **Etched In My Mind**

348 S.W. 31st Road Miami, Florida 33129 877-856-3466

## Memo

800003066468--6 -12/10/99--01041--016 \*\*\*\*\*\*87.50 \*\*\*\*\*\*43.75

Division of Corporations

From:

Lillian Garcia / Etched In My Mind

CC:

To:

Date:

12/01/1999

Re:

Registered Agent Change

Included is a check for \$87.50... This should cover the following charges:

Registered Agent change	\$35.00
2. Amendment Change	\$35.00
Certified copy of Amendments Change	\$ 8.75
Certificate of status	\$ 8 75

Should you have any questions, you may contact me at:

877-856-3466 or 305-860-9389 348 S.W. 31st Road Miami, Florida 33129

Regards,

Lillian Garcia Etched In My Mind

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, the undersigned corporation organized under the laws of the State of Florida Company
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: Etched In my Mind Inc.
2. The mailing address of the corporation is: 348 SW 31 Rd
miami, Fl 33129
3. Date of incorporation/qualification: June 28, 1999 Document number: P9900059477
4. The name and address of the current registered agent and office:
Lissette Salggar &
348 Du 31 Rd = = = = = = = = = = = = = = = = = =
$\frac{1}{2}$
5. The name and address of the new registered agent and office: (P. O. Box Not Acceptable)
LILLIAN GARCIA
348 Sw 31 Pd
miami, 71 33129
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.
authorized by the board.
Charge of an officer, chairman or vice chairman of the board)
Nestor Caria - Vice Resident
(Printed or typed name and title)
Having been named as registered agent and to accept service of process for the above stated corporation, 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.
(Signature of Registered Agent) (Date)
If signing on behalf of an entity:
(Typed or Printed Name) (Capacity)
*** FILING FEE: \$35.00 ***
CR2E045(7/97)

P.O. Box 6327

TALLAHASSEE, FL 32314

DIVISION OF CORPORATIONS