

P99000088722

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

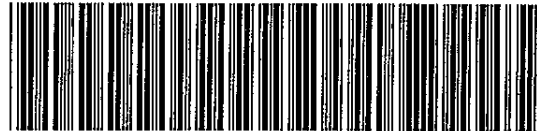
☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____



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TALLAHASSEE, FLORIDA

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ym

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Change of Address

DOCUMENT NUMBER: 99000088722

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Chris Salins
(Name of Person)

DeScribe Inc.
(Name of Firm/ Company)

2400 W. Cypress Creek Rd; #204
(Address)

Fort Lauderdale, FL 33309
(City/ State/ and Zip Code)

For further information concerning this matter, please call:

Chris Salins at (954) 214 1721
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

☐ \$35 Filing Fee

☐ \$43.75 Filing Fee &
Certificate of Status

☐ \$43.75 Filing Fee &
Certified Copy
(Additional copy is
enclosed)

☐ \$52.50 Filing Fee
Certificate of Status
(Additional Copy
is enclosed)

Mailing Address

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address

Amendment Section
Division of Corporations
409 E. Gaines Street
Tallahassee, FL 32399

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: DeScribe Inc.
2. The principal office address: 2400 W. Cypress Creek Rd, #204
Ft. Lauderdale, FL 33309
3. The mailing address (if different): _____

4. Date of incorporation/qualification: 9/28/99 Document number: 199000088122

5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:

Off: Chris Salinas
6524 NW 55th St
Coral Springs, FL 33067

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

Chris Salinas
2400 West Cypress Creek Rd, #204
(P.O. Box or personal mailbox NOT acceptable)
Ft. Lauderdale, FL 33309

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.

Yusef
(Signature of an officer or director)

YUSEF HABTE COO
(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.

[Signature]
(Signature of Registered Agent)

1/18/04
(Date)

If signing on behalf of an entity:
Chris Salinas
(Typed or Printed Name)

President
(Capacity)

*** FILING FEE: \$35.00 ***

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314