

**P99 000101634**

**Florida Department of State  
Division of Corporations  
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To:

Division of Corporations  
Fax Number : (850)617-6350

OCT 05 2015

From:

Account Name : ROLAND, SANCHEZ-MEDINA JR., P.A.  
Account Number : 122030500135  
Phone : (305)377-1000  
Fax Number : (355)327-0391

**C. CARROTHERS**

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

Email Address: Kalvarado@smgglaw.com

**REGISTERED AGENT CHANGE  
EAST FOURTH CORP.**

Certificate of Status	0
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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: EAST FOURTH CORP.
2. The principal office address: 60 Edgewater Drive, Suite 16D, Coral Gables, FL 33133
3. The mailing address (if different): \_\_\_\_\_

4. Date of incorporation/qualification: 11/19/1999 Document number: P99000101634

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)

SANCHEZ-MEDINA, GISELA

60 EDGEWATER DRIVE, SUITE 16D

CORAL GABLES, FL 33133

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

ROLAND SANCHEZ-MEDINA


201 ALHAMBRA CIRCLE, SUITE 1205

P.O. Box NOT acceptable

CORAL GABLES, FL 33134

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.

  
Signature of an officer or director

ROLANDO SANCHEZ-MEDINA  
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 of Registered Agent

10/4/2016  
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

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 DEPARTMENT OF STATE  
 TALLAHASSEE, FLORIDA

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