## 117379

| (Requesto                        | r's Name)              |
|----------------------------------|------------------------|
| (Address)                        |                        |
| (Address)                        |                        |
| - (City/State                    | /Zip/Phone #)          |
| PICK-UP                          | WAIT MAIL              |
| (Business                        | Entity Name)           |
| (Duomicoo                        | Emily (Marrier)        |
| (Documer                         | t Number)              |
|                                  |                        |
| Certified Copies                 | Certificates of Status |
|                                  |                        |
| Special Instructions to Filing 0 | Officer:               |
|                                  |                        |
|                                  |                        |
|                                  |                        |
|                                  | · .                    |
|                                  |                        |
|                                  |                        |

Office Use Only



800136852458

10/16/08--01015--012 \*\*35.00

08 OCT 16 AM 9: 50
SECRETARY OF STATI

C.COULLIETTE

OCT 222008

**EXAMINER** 

## **COVER LETTER**

| TO: Amendment Division o | nt Section<br>f Corporations  |   |
|--------------------------|---|---|
| SUBJECT:                 | PLEASURES VIDEO,  |   |
|                          | (Name of C  | orporation)   |
| DOCUMENT NU              | MBER: V17379  |   |
| The enclosed State       | ment of Change of Registered Offic  | e/Agent and fee are submitted for filing.                                   |
| Please return all co     | rrespondence concerning this matter   | to the following:   |
|                          | Michael   | Sierra, Esq.<br>ntact Person)   |
|                          | (Name of Co   | ntact Person)   |
|                          | Michael S   | ierra, P.A.   |
| -                        | (Firm/Co  | ompany)   |
|                          | 703 W. Swann A<br>(Add  | ress)   |
| _                        | (City/State ar  | nd Zip Code)  |
| For further informa      | tion concerning this matter, please of  | eall:   |
| Michael Sier             | ra, Esq.<br>me of Contact Person)   | at (813 ) 258-3558  (Area Code & Daytime Telephone Number)                  |
| ·                        | 00 check made payable to the Depart   |   |
|                          | Mailing Address: Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 | Street Address: Amendment Section Division of Corporations Clifton Building |

Tallahassee, FL 32301

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

| statement of chan                    | rovisions of sections 60/<br>ge is submitted for a cor<br>to change its registered   | poration organi   | zed under the laws  | of the State of _  | <u>Flori</u>                     |                            | _                  |
|--------------------------------------|--|---|---|--|----------------------------------|----------------------------|--------------------|
| 1. The name of the                   | e corporation:   | Pleasures   | Video, Inc.   |  |                                  |                            |                    |
| 2. The principal o                   | ffice address:   | 5402 No. !  | 56th Street   | 11   |                                  |                            |                    |
|                                      |  | Tampa, FL   | 33610   |  |                                  |                            |                    |
| 3. The mailing add                   | dress (if different):  |   |   |  |                                  |                            |                    |
| 4. Date of incorpo                   | oration/qualification:   |   | Document nur  | •  | 379                              |                            |                    |
| 5. The name and s<br>Florida Departr | street address of the current of State:  | ent registered ag   | ent and registered of   | office on file wit   | h the<br>-                       |                            |                    |
| -                                    | <del></del>  | Matsue Ho   | vell  |  | -                                |                            |                    |
| _                                    |  | 5402 No. 5  | 56th St.  |  | . ≅ <sub>∽</sub>                 | ì                          |                    |
| _                                    |  |   | 33610   |  | ECRE<br>LL AH                    | OO 0C                      | Palaman.           |
| 6. The name and s<br>(if changed):   | street address of the new  | registered agent  | (if changed) and /o   | or registered offi   | TARY C                           | 716 A                      | 57                 |
| _                                    |  | Michael S   | ierra, Esq.   |  | FLS                              | AH 9:                      | <b>111</b>         |
|                                      |  | 703 W. Swa  | nn Ave.   |  | RATION REPORTS                   | : 50                       | Land of the land   |
|                                      | (P.O. E  | Box NOT acceptable)   |   |  | <b>≆</b> '''                     | _                          |                    |
| _                                    |  | Tampa, FL   |   |  | •                                |                            |                    |
| The street addres as changed will b  | s of its registered office<br>e identical.   | e and the street a  | ddress of the busin   | ness office of its   | s registe                        | red age                    | ent,               |
|                                      | authorized by resolution board, of the corporation   |   |   |  |                                  |                            |                    |
|                                      | e of antenicer or director)  | ·   |   | Rosenheck<br>d or typed name and t                                   |                                  |                            | _                  |
| Corporation                          | he appointment as regis<br>comply with the provis<br>I am familiar with and<br>g filed merely to reflect<br>been notified in writing<br>aute of registers and<br>erra, Esq.<br>alf of an ontity: | stered agent and<br>sions of all statu<br>accept the obli<br>a change in the<br>of this change. | l agree to act in th<br>tes relative to the<br>gation of my positi<br>registered office o | is capacity. proper and com on as registered address, I hereb (Date) | plete pe<br>1 agent.<br>y confir | rforma<br>Or, if<br>m that | nce<br>this<br>the |
| Michael (Ty                          | Sierra<br>ped or Printed Name)   |   |   |  |                                  |                            |                    |

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