F06000002178

(R	Requestor's Name)	
(A	ddress)	
	ddress)	
(C	ity/State/Zip/Phone #)
PICK-UP	☐ WAIT	MAIL
(В	usiness Entity Name)	
	ocument Number)	
(D	ocument Number)	
Certified Copies	Certificates of	Status
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SECRETARY OF STAIL TALLAHASSEE, FLORIDA

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COVER LETTER

Amendment Section Division of Corporations

TO:

SUBJECT: MAIL BOX STORES, INC.				
(Name of Corporation)				
DOCUMENT NUMBER:_F06000002178				
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:				
Isabel Burgos on behalf of Incorp Services, Inc.				
(Name of Contact Person)				
Lance of the Control				
Incorp Services, Inc. (Firm/Company)				
(This company)				
3155 East Patrick Lane, Suite 1				
(Address)				
Las Vegas, NV 89120-3481				
(City/State and Zip Code)				
For further information concerning this matter, please call:				
Isabel Burgos on behalf of Incorp Services, Inc. at (702) 866-2500 (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 Street Address: Amendment Section Division of Corporations Clifton Building				

2661 Executive Center Circle

Tallahassee, FL 32301

Tallahassee, FL 32314

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 Statement of change is submitted for a corporation organized under the laws of the State of	levada		
in order to change its registered office or registered agent, or both, in the State of Flo	rida.		
1. The name of the corporation: MAIL BOX STORES, INC.			
2. The principal office address: 4505 W HACIENDA AVE STE F LAS VEGAS NV 89	118 ≟ું:		
	1-C	07 Hz	
3. The mailing address (if different):	HASS	HAR 2	
		<u>သ</u>	المسلم
4. Date of incorporation/qualification: 04/04/2006 Document number: F060000		<u> </u>	
5. The name and street address of the current registered agent and registered office on file with Florida Department of State:		8: 07	<u></u>
NRAI SERVICES, INC.			(D)
2731 EXECUTIVE PARK DRIVE STE 4			
WESTON FL 33331			
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):	æ		
Incorp Services, Inc.			
17888 67th Court North			
(P.O. Box NOT acceptable)			
Loxahatchee, FL 33470			
The street address of its registered office and the street address of the business office of its as changed will be identical.	registe	red ag	gent,
Such change was authorized by resolution duly adopted by its board of directors or by an cauthorized by the board, of the corporation has been notified in writing of the change.	fficer s	Ю	
(Signature of an officer or director) TAMUS WICLE (Printed or typed name and tit		fre	<u>sident</u>
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 comp of my duties, and I am familiar with and accept the obligation of my position as registered document is being filed merely to reflect a change in the registered office address, I hereby corporation has been notified in writing of this change.	lete per agent. confir	rform Or, ij m tha	ance f this t the
On behalf of Incorp Services, Inc. (Signature of Registered Agent) February 16, 2007 (Date)			<u> </u>
If signing on behalf of an entity:			
Isabel Burgos on behalf of Incorp Services, Inc. (Typed or Printed Name)			

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR2E045 (8/05)

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