## P09000043474

. (	Requestor's Name)	
. (	(Address)	
. (	(Address)	
	City/State/Zip/Phone	ff)
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	Business Entity Name	e)
	Document Number)	
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SECRETARY OF STATE
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R.A

1Brown 5-19-11

## **COVER LETTER**

TO: Amendment Section Division of Corporations

SUBJECT:	11420 C	orp.
	Name of C	orporation
DOCUMENT NU	MBER:P09	000043474
The enclosed State	ment of Change of Registered Offic	e/Agent and fee are submitted for filing.
Please return all co	orrespondence concerning this matter	to the following:
	Carra Duran	
	Name of Co	ntact Person
	InCorp Se	
	Firm/Co	ompany
	2360 Corporate 0	Circle · Suite 400
	Add	ress
	Henderson, N	√ 89074-7722
	City/State ar	nd Zip Code
_	E-mail address: (to be used for f	uture annual report notification)
For further informa	ation concerning this matter, please of	eall:
Carra Duran	1	at (800) 246-2677
Nar	ne of Contact Person	Area Code & Daytime Telephone Number
Enclosed is a \$35.0	00 check made payable to the Depart	ment of State.
	Mailing Address: Amendment Section	Street Address: Amendment Section
	Division of Corporations	Division of Corporations
	P.O. Box 6327	Clifton Building

Tallahassee, FL 32314

2661 Executive Center Circle

Tallahassee, FL 32301

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

1. The name of the corporation: 11420 Corp.  2. The principal office address: 9408 Eagle Ridge Drive, Bethesda, MD 20817-3915 US  3. The mailing address (if different): P09000043474  4. Date of incorporation/qualification: 05/15/2009 Document number: P09000043474  5. The name and street address of the current registered agent and registered office on file with the
2. The principal office address: 9408 Eagle Ridge Drive, Bethesda, MD 20817-3915 US  3. The mailing address (if different):  4. Date of incorporation/qualification: 05/15/2009 Document number: P09000043474
4. Date of incorporation/qualification: 05/15/2009 Document number: P09000043474
Florida Department of State: (If resigned, enter resigned)
M.J.F. Registered Agent Corp.
153 Sevilla Avenue
Coral Gables, FL 33134
Coral Gables, FL 33134  6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):
InCorp Services, Inc.
(if changed):  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 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  DAVID VIDAL - CIRD TWO  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.
And Infallucion Services, line. May 5, 2011 Signature of Rogistered Agent Date
Signature of Registered Agent Date  If signing on behalf of an entity:
Carra Duran 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

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