

G45010

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

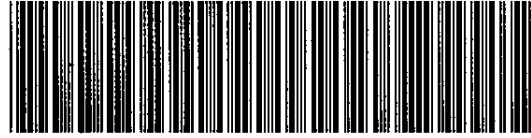
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



500185259025

10/04/10--01015--015 **35.00

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
10 OCT -4 PM 3:01

R D / chg
@ 10 / 3 / 10

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Matimex Corporation
Name of Corporation

DOCUMENT NUMBER: G45010

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:

Matilde Aguirre
Name of Contact Person

Matimex Corporation
Firm/Company

1607 Ponce de Leon Boulevard Suite 105
Address

Coral Gables, Florida 33134
City/State and Zip Code

maty@matildeaguirre.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Matilde Aguirre at (786) 347-8250
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
Tallahassee, FL 32314

Street Address:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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: Matimex Corporation
2. The principal office address: 1607 Ponce de Leon Boulevard Suite 105 Coral Gables, Florida 33134
3. The mailing address (if different):
4. Date of incorporation/qualification: 5/24/1983 Document number: G45010
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)

Matilde Aguirre
995 SW 84th Avenue Apt. 312
Miami, Florida 33144

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

1607 Ponce de Leon Boulevard Suite 105
P.O. Box NOT acceptable
Coral Gables, Florida 33134

FILED STATE SECRETARY OF TALLAHASSEE, FLORIDA 10 OCT -4 PM 3: 01

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: Matilde Aguirre
Printed or typed name and title: Matilde Aguirre Director

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: Matilde Aguirre
Date: 9-30-2010

If signing on behalf of an entity:
Matilde Aguirre
Typed or Printed Name

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