## N0200000207

(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: Roderick C. Mae gave Authorized to correct yea name - (rem cpa ph) he's to be listed as an individual.						

Office Use Only



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11/5

## TRANSMITTAL LETTER

TO: Amendment Section Division of Corporations
SUBJECT: Fedee Mundial Inc (Name of corporation)
DOCUMENT NUMBER: N02000000207
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:
Roderick C Moe (Name of person)
Roderick C Moe CPA PA (Name of firm/company)
101 North J St., Suite 2 (Address)
Lake Worth, FL 33460 (City/state and zip code)
For further information concerning this matter, please call:
Roderick C Moe at ( 561 ) 586-3413 (Name of 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 409 E. Gaines Street Tallahassee, FL 32399

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

	provisions of sections 607.0502, change is submitted for a corpor					
•	da_in order to change its regi	•	•			
of Florida.		••	-			
. The name of the corporation: Fedee Mundial Inc.						
2. The principal	office address: 1821 D	onlin D	)r			
	Wellin	igton, F	'L 33414			
3. The mailing a	ddress (if different):					
4. Date of incorp	poration/qualification: 1/11/	2002	Document number:	N02000000207		
	l street address of the current regitment of State:	istered agen	at and registered office	on file with the		
	Corporate Cr	reations	<u> </u>			
	941 Fourth Street #200					
	Miami Beach,	, FL 33	L39			
6. The name ar changed):	Roderick C M  101 North J  (P.O. Box or persons)  Lake Worth,	Moe Street al mailbox NOT	, Suite 2	registered office (if		
-	ess of its registered office and the					
Such change w authorized by	as authorized by resolution duly he board, or the corporation has	adopted by been notifi	its board of directors ed in writing of the ch	or by an officer so ange.		
	t, chairman or vice chairman of the board)	La	Haro Zapata	President		
I hereby accept I further agree performance of registered agei office address,	t the appointment as registered a to comply with the provisions of f my duties, and I am familiar wi at. Or, if this document is being I hereby confirm that the corpoi	f all statute ith and acc filed merel	s relative to the proper ept the obligation of my to reflect a change is been notified in writing	r and complete ry position as n the registered		
If signing on beha	Signature of Registered Agent)  alf of an entity:  THE CONTROL OF CORPORATIONS, P.C.  Signature of Registered Agent)  *** FILING  MAKE CHECKS PAYABLE TO FLORIE  DIVISION OF CORPORATIONS, P.C.	da Departmen	IT OF STATE AND MAIL TO:	3 JAN +8 AN 4: 10 ECRETARY OF STATE LIAHASSEE, FLORID		