## PQ2000057116

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## TRANSMITTAL LETTER

Division of Corporations
SUBJECT: Corporate Funovations Inc (Name of corporation)
DOCUMENT NUMBER: PO2000571/6
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:
Name of firm/company)
1450 NORTH MIAMI Ave
MIAMI CC 33/36  (City/state and zip code)
For further information concerning this matter, please call:    Kaymord Result   at (305) 371-4498   (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

TO: Amendment Section

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

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
in order to change its registered office or registered agent, or both, in the State of Florida.
1. The name of the corporation: Corporate Fund Varzons Fuc.
2. The principal office address: 1450 North Miani Hue
11/1 27/3/
3. The mailing address (if different):
4. Date of incorporation/qualification: $5/2a/2\omega_{2}$ Document number: $102000097116$
5. The name and street address of the current registered agent and registered office on file with the
Florida Department of State:
Corporation Service Company
120 HAYS STREET
TallahasseE, FC 32301
6. The name and street address of the new registered agent (if changed) and /or registered office (if
changed): Raymond Resnede Est
1450 North Miani Hoe 55 = 1
Miani, KL 33136
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, of the corporation has been notified in writing of the change.
VI Raymond Raymond
Signature of an officer, charman of Vice chairman of the board) (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. Thereby confirm that the corporation has been notified in writing of this change.
(Signature of Registered Agent) (Date)
If signing on behalf of an entity:
(Typed or Printed Name) (Capacity)

Make checks payable to Florida Department of State and Mail to: Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

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