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To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : CORPORATE CREATIONS INTERNATIONAL INC.

Account Number : 110432003053 : (561)694-8107

Phone Fax Number : (561)694-1639

REGISTERED AGENT CHANGE

ELITE FLOWER SERVICES, INC.

Certificate of Status	0
Certified Copy	0
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Estimated Charge	\$35.00

Electronic Filing Menu

Corporate Filing Menu

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

Pursuant to the provisions of sections 60 statement of change is submitted for a co	7.0502, 617.0502, 6	607.1508, or 617.1508, Flor d under the laws of the State	ridaBtatutes, this
in order to change its registered			
1. The name of the corporation: ELITE	FLOWER SI	ERVICES INC.	
2. The principal office address: 1665 N			
	FLORIDA 331		
3. The mailing address (if different): 16	65 N.W. 102 AV	ENUE, SUITE 101	
	AMI, FLORIDA		
4. Date of incorporation/qualification:	09/16/2002	Document number:	P02000099782
5. The name and street address of the cur Florida Department of State: (If resign		nt and registered office on f	ile with the
Roger Fri	edbauer		·
701 Brick	ell Avenue, Suit	e 2500	TA (2
Miami, Flo	orida 33131		TEGRE JUI
6. The name and street address of the not (if changed):	w registered agent (if changed) and /or register	ed office SEE
CORPORATE MA	INTENANCE S	ERVICES, LLC	PM 4:
1000 BRICKELL A	VENUE, SUITE	215	4: 30 NATE ORIDA
	P.O. Box NOT a	eceptable	
MIAMI, FLORIDA	33131	· 	
The street address of its registered offices changed will be identical.	ce and the street ad	ldress of the business offic	e of its registered agent,
Soon change was authorized by resolut authorized by the board, of the corpora	tion duly dopted to	y its board of directors or fied in writing of the chang	by an officer so
Signature of an Officer of director		JUAN CARLOS MAD	RINAN, DIRECTOR
I hereby accept the appointment as reg I further agree to comply with the prov of my duties, and I am familiar with an document is being filed merely to refle corporation has been notified in writin	istered agent and instance of all statute of all statute of accept the obligation of the control of this change.	agree to act in this capacit es relative to the proper an ation of my position as reg registered office address, I	ly. id complete performance istered agent. Or, if this hereby confirm that the
Signature of Registered Agent	·	06-12-2 Date	2009
If signing on behalf of an entity:			
CORPORATE MAINTENANCE SE	RVICES, LLC	by Marco E. Roj	as, Manager

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

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