P03000052606

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1-6-05

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: MELPAST, INC.
(Name of corporation)

DOCUMENT NUMBER: P03000052606

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:

ANIA MORALES
(Name of contact person)

(Firm/Company)

15354 SW 41 TERRACE
(Address)

MIAMI, FL 33185
(City/state and zip code)

For further information concerning this matter, please call:

ANIA MORALES (Name of contact person) at (305) 480-8018 (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

FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State

November 5, 2004

ANIA MORALES
15354 SW 41ST TERRACE
MIAMI, FL 33185

SUBJECT: MELPAST INC
Ref. Number: P03000052606

We have received your document for MELPAST INC and check(s) totaling $35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The document must contain the name and capacity of the person signing on behalf of the new registered agent.

The registered agent must sign accepting the designation.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6908.

Anna Chesnut
Document Specialist

Letter Number: 404A00063629

RECEIVED
05 JAN -4 PM 12:05
DIVISION OF CORPORATIONS

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: MELPAST INC

2. The principal office address: 5040 NW 7TH STREET SUITE 414
MIAMI, FLORIDA 33126

3. The mailing address (if different): SAME AS ABOVE

4. Date of incorporation/qualification: 05/13/2003 Document number: P03000052606

5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:

CELIA PASTO-RODRIGUEZ

7920 EAST DRIVE SUITE 4

NORTH BAY VILLAGE, FL 33141

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

JULIO PEREZ-FERRAN

5040 NW 7TH STREET SUITE 414
(P.O. Box NOT acceptable)

MIAMI, FLORIDA 33126

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TALLAHASSEE, FLORIDA

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) Caridad Melian
(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.

(Signature of Registered Agent) 12/29/04
(Date)

If signing on behalf of an entity:
Ania Morales
(Typed or Printed Name)

Ania Morales
Commission #DD192125
Expires: Apr 01, 2007
Bonded Thru
Atlantic Bonding Co., Inc.

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

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314