P04000/5/886

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PICK-UP WAIT MAIL			
(Business Entity Name)			
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



COVER LETTER

TO: Amendment Section Division of Corporations				
SUBJECT: MULTIACTION, INC. (Name of Corporation)	on)			
DOCUMENT NUMBER: P04000151886				
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:				
YADIRA POSSO (Name of Contact Per	son)			
MULTIACTION, INC. (Firm/Company)	<u></u>			
100 LAKEVIEW DRIVE, SUITE 202 (Address)				
WESTON, FL 33326				
(City/State and Zip Code)				
For further information concerning this matter, please call:				
YADIRA POSSO at (South Person) at (South Person)	389-0827 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

statement of cha	provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, ange is submitted for a corporation organized under the laws of the State of <u>FLORI</u> er to change its registered office or registered agent, or both, in the State of Florida.	
1. The name of	the corporation: MULTIACTION, INC.	
	office address: 100 LAKEVIEW DRIVE, SUITE 202	
3. The mailing a	address (if different):	
4. Date of incor	poration/qualification: 11/01/2004 Document number: P04000151886	
	d street address of the current registered agent and registered office on file with the rtment of State:	
	YADIRA POSSO	
	100 LAKEVIEW DRIVE, SUITE 202	,
	WESTON, FL 33326	.!. ₹@
6. The name an (if changed):	d street address of the new registered agent (if changed) and /or registered office	08 FEB 27 SECRETAR
	HERNAN PERILLA	<u> </u>
	100 LAKEVIEW DRIVE, SUITE 202	AHII: OF ST E. FLO
	(P.O. Box NOT acceptable) WESTON, FL 33326	52 GATE DRID
	ess of its registered office and the street address of the business office of its regist lbe identical.	
Such change wanthorized by t	as authorized by resolution duly adopted by its board of directors or by an officer he board, of the corporation has been notified in writing of the change.	r so
(Agna	WADIRA POSSO (Printed or typed name and title)	
I hereby accep I further agree of my duties, d document is be corporation to	t the appointment as registered agent and agree to act in this capacity. Ito comply with the provisions of all statutes relative to the proper and complete p and I am jamiliar with and accept the obligation of my position as registered agen ling filed merely to reflect a change in the registered office address, I hereby conf is been notified in writing of this change.	performance t. Or, if this firm that the
1	2 24 2008 (Date)	
If signing/on b	chalf of an entity:	
	Typed or Printed Name)	

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