P05000071337

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SECRETARY OF STATE FALLAHASSEE, FLORIDA

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COVER LETTER

	Division of Corporations
SUBJEC	Pacific Lands Investments Corp.
SCDUL	Name of Corporation
DOCUM	1ENT NUMBER: P05000071337
The encl	osed Statement of Change of Registered Office/Agent and fee are submitted for filing.
Please re	eturn all correspondence concerning this matter to the following:
	Florencio Saavedra Name of Contact Person
	Pacific Lands Investments Corp. Firm/Company
	6311 129 Place SE Address
	Snohomish, WA 98296 City/State and Zip Code
	FLSAAVEDRA@AOL.COM E-mail address: (to be used for future annual report notification)
For furth	ner information concerning this matter, please call:
	Florencio Saavedra a. (425) 387-6614
	Florencio Saavedra at (425) 387-6614 Name of Contact Person Area Code & Daytime Telephone Number
Enclosed	I 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

Pursuant to the provision statement of change is su in order to chan	ibmitted for a cor		under the laws of	the State of <u>F</u>	lorida	
1. The name of the corpo	oration: Pacific	Lands Inves	tments Corp.			
2. The principal office ac	ddress: 6311 12	9th Place SE				
Snohomish, WA	98296					_
3. The mailing address (i	if different):					
		05/40/005			0500007400	
4. Date of incorporation/	•					57
5. The name and street a Florida Department of			and registered off	ice on file with	h the	
Carlo	s A Aldana				-	
6819	SW 105th Ct				_	
Miam	i, FL 33173				2010 SE	
6. The name and street a (if changed):	ddress of the new	·			2010 APR 22 SEURETARY	TILE
Adolfo	Saavedra				mg 3	
9255	SW 125 Av, #	R-404			E PAT	
	i, FL 33186	P.O. Box NOT acc	eptable			
The street address of its as changed will be iden						ent,
Such change was authorized by the board	rized by resolutions, or the corporation	on duly adopted by ion has been notifi	its board of directed in writing of th	etors or by an e change.	officer so	
Signiture of an off	icer or director		Printed or	Saavedra, F	le	
I hereby accept the app I further agree to comp of my duties, and I am f document is being filed corporation has been n	ointment as regi. ly with the provis amiliar with and merely to reflect otified in writing	stered agent and a sions of all statutes I accept the obliga- t a change in the re of this change.		, ,		ance this the
Sullin	1		04/2	20/20/	0	
If signing on behalf of a	Egistered Agent an entity:		2	Pate		
Typed or Pri	inted Name					

Make Checks Payable to Florida Department of State
Mail to: Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314
CR2E045 (8/05)

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