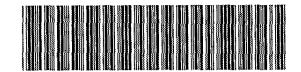
P0500015778D

(Re	questor's Name)		
(Ad	dress)	<u> </u>	
(Ad	dress)		
(Cit	ry/State/Zip/Phone	<i>#</i>)	
PICK-UP	☐ WAIT	MAIL MAIL	
(Business Entity Name)			
(Document Number)			
Certified Copies	Certificates	s of Status	
Special Instructions to Filing Officer:			





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SECRETARY OF STATE
TALLAMASSEE FI DAME.



COVER LETTER

TO:	TO: Amendment Section Division of Corporations			
SUBJECT: FLORIDA INTERNATIONAL FIRM, INC. (Name of Corporation)				
DOCUMENT NUMBER: P05000157780				
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:				
	BURNEO, SILVIO R (Name of Contac	t Person)		
FLORIDA INTERNATIONAL FIRM, INC. (Firm/Company)				
10691 N. Kendall Drive, Suite 209 (Address)				
Miami, FL 33176 (City/State and Zip Code)				
For further information concerning this matter, please call:				
Veron	ica Rodriguez (Name of Contact Person)	t (305) 275-1300 (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

-	provisions of sections 607.0502, 617.0502, 607.1508, or 6 inge is submitted for a corporation organized under the la		
	r to change its registered office or registered agent, or bo	• • • • • • • • • • • • • • • • • • • •	
1. The name of th	the corporation: FLORIDA INTERNATIONAL FIRM, INC.		
2. The principal o	office address: 10691 N. Kendall Drive, Suite 209, Miami	, FL 33176	
3. The mailing ad	nddress (if different):		
4. Date of incorpo	poration/qualification: 12/01/2005 Document	number: P05000157780	
5. The name and s Florida Departr	istreet address of the current registered agent and registere timent of State:	ed office on file with the	
i	RLB FINANCIAL SERVICES, INC.		
	18001 OLD CUTLER ROAD SUITE 311		
_	MIAMI FL 33157		
6. The name and s (if changed):	I street address of the new registered agent (if changed) an	d /or registered office	
<u></u>	Real Solutions Business Services, Inc.	F.s. 8	
	10691 N. Kendall Drive, Suite 209	AECRE &	
<u>-</u>	(P.O. Box NOT acceptable) Miami, FL 33176	FILE TARY HASSE	
The street address as changed will b	ess of its registered office and the street address of the be identical.	usiness office of its registered agent	
Such change was authorized by the	as authorized by resolution duly adopted by its board of board or the corporation has been notified in writing	directors or by an officers 2	
(Signature	BURNEO, SI	LVIO R	
I hereby accept the I further agree to of my duties, and document is being corporation has a	the appointment as registered agent and agree to act in to comply with the provisions of all statutes relative to to d I am familiar with and accept the obligation of my po- ng filed merely to reflect a change in the registered offic seen notified in writing of this change.	this capacity, he proper and complete performance sition as registered agent. Or, if this se address, I hereby confirm that the	
Ter	11/02/2006		
(Signal (Signa) (Signal (Signal (Signal (Signal (Signal (Signal (Signal (Signa	nault of Registered Agent)	(Date)	
Real Solutions	s Business Services, Inc.		

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