POUDDO00082503

(Re	equestor's Name)	
(Ac	ldress)	
(Ac	ddress)	
(Ci	ty/State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
(Ви	isiness Entity Nan	ne)
(Document Number)		
Certified Copies	_ Certificates	s of Status
Special Instructions to Filing Officer:		

Office Use Only



700253538667

12/18/13--01009--003 **35.00

13 DEC 18 PM 25 S1

RD Ch 8 130/13

COVER LETTER

TO:

Amendment Section Division of Corporations

SUBJECT: Unisource Discovery, Inc.

Name of Corporation

DOCUMENT NUMBER

P06000082503

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:

Noel Mijares

Name of Contact Person

Unisource Discovery, Inc.

Firm/Company

141 NE 3rd Avenue, 9th Floor

Address

Miami, FL 33132

City/State and Zip Code

nmijares@unisourcediscovery.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Noel Mijares

,,305 \,757**-**5

Name of Contact Person

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

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: Unisource Discovery, Inc.	
2. The principal office address: 141 NE 3rd Avenue, 9th Floor, Miami, FL 33132	
3. The mailing address (if different):	
4. Date of incorporation/qualification: 06/15/2006 Document number: P06000082503	
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)	
Noel Mijares	
5570 NE 4th Avenue	•
Miami, FL 33137	
Miami, FL 33137 6. The name and street address of the new registered agent (if changed) and /or registered office (if changed): Noel Mijares 141 NE 3rd Avenue, 9th Floor	FILED
Noel Mijares	د د د
141 NE 3rd Avenue, 9th Floor	7.
P.O. Box NOT acceptable	
Miami, FL 33132	
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.	
Noel Mijares, President, CEO 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.	
(\))))) (\)), (\)) December 10, 2013	
Signature of Registered Agent Date	
If signing on behalf of an entity:	
Noel Mijares Typed or Printed Name	
* * * 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 (03/12)