07000112541

(Requ	uestor's Name)	
(Addr	ess)	
(Addı	ess)	
(City/State/Zip/Phone #)		
PICK-UP	WAIT	MAIL
(Business Entity Name)		
(Docu	ıment Number)	
Certified Copies	Certificates	s of Status
Special Instructions to Fi	ling Officer:	
,		

Office Use Only



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11/07/07--01048--001 **35.00

C. Coulliotte NOV 0 8 2007

COVER LETTER

Division of Corporations			
SUBJECT: Divene (and Suvices, Inc. (Name of Corporation)			
DOCUMENT NUMBER: P07000 1254			
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:			
Clshtiag Ginnah (Name (of Contact Person)			
Divine Care Surices, Inc.			
5190 NW 167 Street, Suite 211			
Miami, PL 33014 (City/State and Zip Code)			
For further information concerning this matter, please call:			
Ishtiag Junnah at (786), 523-8072 (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

TO:

Amendment Section

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,			
statement of change is submitted for a corporation organized under the laws of the			
in order to change its registered office or registered agent, or both, in the			
1. The name of the corporation: Divine Cau Suvices, ~			
2. The principal office address: 5190 NW 167 Street, S	Leute 211		
miami, FG 33014			
3. The mailing address (if different): 3 and a above			
	<u> </u>		
4. Date of incorporation/qualification: 10/12-07 Document number:	P07000112541		
5. The name and street address of the current registered agent and registered office Florida Department of State:	on file with the		
alshtiag Lunah	O7 N SECI ALL		
4541 N'W 179 Street	07 NOV -7 SECRETAR ALL AHASS		
miami Gardens, PL 33055	7 PH SEE. F		
6. The name and street address of the new registered agent (if changed) and /or reg (if changed):	istered office STATE STATE		
. Ishtiag Linnah	0 -1/		
New Address: 5190 NW 167 Street, Suite 211			
Miami, FL 33014			
The street address of its registered office and the street address of the business of as changed will be identical.	office of its registered agent,		
Such change was authorized by resolution duly adopted by its board of director authorized by the board, or the corporation has been notified in writing of the cl	s or by an officer so hange.		
(Signature of an officer or director) I sh tiac (Printed or typ)	g Jinrah, Pres.		
I hereby accept the appointment as registered agent and agree to act in this cap I further agree to comply with the provisions of all statutes relative to the prope of my duties, and I am familiar with and accept the obligation of my position as document is being filed merely to reflect a change in the registered office addre corporation has been notified in writing of this change.	pacity. Frand complete performance Pregistered agent. Or, if this ss, I hereby confirm that the		
(Signature of Registered Agent)	0 7 atc)		
If signing on behalf of an entity:			
Ishtiag Jinnah			
(Typed or Printed Name)			

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