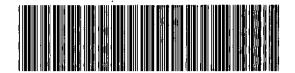
## P08000033/60

(Requestor's Name)						
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PICK-UP	WAIT	MAIL				
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RA-Change 12-1-10 De

## **COVER LETTER**

TO:	Amendment Section Division of Corporations							
SUBJECT: CAROLINA 3206 INC								
	Name of Corporation							
DOC	UMENT NUMBER: P08000033160	,						
The er	nclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.							
Please	e return all correspondence concerning this matter to the following:							
	NAUDIO FELIZ							
	Name of Contact Person							
	FLOCAR INVESTMENT GROUP INC							
	Firm/Company							
	999 BRICKELL AVENUE SUITE 900							
	Address							
	MIAMI FL 33131							
	City/State and Zip Code							
s.lorusso@lorusso.net								
	E-mail address: (to be used for future annual report notification)							
For fu	orther information concerning this matter, please call:							
	stefano LORUSSO at ( 786 ) 2943984							
	Name of Contact Person Area Code & Daytime Telephone N	lumber						
Enclos	sed is a \$35.00 check made payable to the Department of State.							
	Mailing Address: Street Address:							
	Amendment Section Amendment Section Division of Corporations							
	Division of Corporations  P.O. Box 6327  Division of Corporations  Clifton Building							

Tallahassee, FL 32314

2661 Executive Center Circle

Tallahassee, FL 32301

## · STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

statement of cha	nge is submitted for a co	rporation organized	07.1508, or 617.1508, Flor l under the laws of the State l agent, or both, in the State	of FLORIDA	
1. The name of	the corporation: CARO	LINA 3206,IN	1C.		
2. The principal MIAMI FL	office address: 999 BR	ICKELL AVE S	TE 900		
3. The mailing a	ddress (if different):				
4. Date of incorp	ooration/qualification:	3/31/2008	Document number:	P08000033160	
	I street address of the current of State: (If resigned		t and registered office on fil	e with the	
	RESIGNED				
	800 BRICKELL AV	E SUITE 701			
	MIAMI FL 33131		·		
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):					
	STEFANO LORUS	so			
	999 BRICKELL AV				
	MIAMI FL 33131	P.O. Box NOT acc	eeptable	CAN CO	
_	ess of its registered office be identical.		iress of the business office to its board of directors or bed in writing of the change		
Signatu	For an officer or diffector		FRANCESCO Printed or typed name	CANNAS and title	
I further agree of my duties, an document is hel	the appointment as regi to comply with the provi ad I am familiar with and ing filed merely to reflec s blen notified in writing	sions of all statutes I accept the obligat t a change in the re	gree to act in this capacity s relative to the proper and tion of my position as regi egistered office address, T	i i complete performance stered agent. Or, if this hereby confirm that the	
	nature of Registered Agent		11/19/20 Date	010	
0	half of an entity:				
Т	yped or Printed Name				

Make checks payable to Florida Department of State Mail to: Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

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