P090000010019

(Re	equestor's Name)	
(Ad	ldress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	> #)
PICK-UP	MAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to Filing Officer:		

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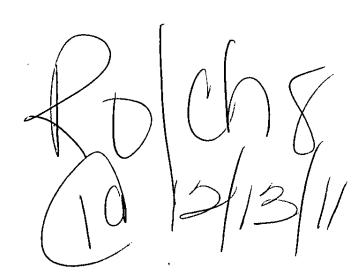


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SECRETARY OF STATE DIVISION OF CORPORATIONS



COVER LETTER

TO: Amenda Division	ment Section n of Corporations	
SUBJECT:	MONTEMAYOR PROPI Name of Corp	
DOCUMENT N	NUMBER: P0900	0070019
The enclosed Sta	atement of Change of Registered Office/A	gent and fee are submitted for filing.
Please return all	correspondence concerning this matter to	the following:
	Kareem Sch	
	Name of Conta	ct Person
	Firm/Com	pany
		•
	3232 Coral Way	, Unit 1310
	Addres	
	Miami, FL City/State and 2	33145
	Chy/blate and I	Elp Code
	kareem@kavasol	utions.com
	E-mail address: (to be used for futu	re annual report notification)
For further infor	nation concerning this matter, please call	:
	Kareem Schiebeck	at () 386 760 0832
N	ame of Contact Person	at () 386 760 0832 Area Code & Daytime Telephone Number
Enclosed is a \$35	5.00 check made payable to the Departme	ent of State.
	Mailing Address: Amendment Section Division of Corporations P.O. Box 6327 Tallahassec, 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 FL in order to change its registered office or registered agent, or both, in the State of Florida.
1. The name of the corporation; MONTEMAYOR PROPERTIES CORP. 2. The principal office address: 3232 COral Way # 1310 MIGHT F1 33145
3. The mailing address (if different):
4. Date of incorporation/qualification: 80009 Document number: P09000070019
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)
Kareem Schiebeck
5808 Camelot Ct
Port Orange, FL 32127
5808 Camelot Ct Port Orange, FL 32127 6. The name and street address of the new registered agent (if changed) and /or registered office (if changed): KAREEM SCHIEBECK 3232 CORAL WAY UNIT 1310
KAREEM SCHIEBECK 5
3232 CORAL WAY UNIT 1310
P.O. Box NOT acceptable MIAMI FL 33145
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 of the corporation has been notified in writing of the change.
X Koreen Schlebeck Attorney in fact Printed or type 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.
× Rocen Schiesed 8 26/11 Signature of Registered Agent Date
If signing on behalf of an entity:
Typed or Printed Name Registered Agent* * FILING FEE: \$35.00 * * * Afterney in fact Make CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314 CR2E045 (8/05)