P11000027574

(Requestor's Name)			
(Address)	<u> </u>			
(Address)				
(City/State/Zip/Pho	ne #)			
PICK-UP WAIT	MAIL			
(Business Entity Na	ame)			
(Document Number)				
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RA. Change C.COULLIETTE

MAY 11 2011

EXAMINER

COVER LETTER

TO:	Amendment Sec Division of Corp			
SUBJ	ECT:	Indupoll Name of	o, Corp f Corporation	
DOC	UMENT NUMBE	R:P1	1000025574	
The er	nclosed Statement	of Change of Registered Of	fice/Agent and fee are submi	tted for filing.
Please	return all correspo	ondence concerning this mat	tter to the following:	
		Serg	io Porras Contact Person	
		Name of (Contact Person	
		Porton o	nd Company PA	
		Firm/	nd Company 7	
		169 East Flag	ler Street. Ste 800	
		Ā	ddress	
	Miami, FL 33131 City/State and Zip Code			
		City/State	and Zip Code	
		porrasco	@aol.com	
	E-ma	il address: (to be used for	r future annual report notif	fication)
For fu	rther information c	oncerning this matter, pleas	e call:	
	Ser	gio Porras	at (<u>305</u> Area Code & Dayti	577 8589
	Name of	Contact Person	Area Code & Dayti	me Telephone Number
Enclos	sed is a \$35.00 che	ck made payable to the Dep	artment of State.	
	<u>]</u>	Mailing Address: Amendment Section	Street Address: Amendment Se	oction
		Division of Corporations	Division of Co	
		P.O. Box 6327	Clifton Buildir	•

Tallahassee, FL 32314

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: Indupollo, Corp
2. The principal office address: 2815 Little Country Rd, Parrish, FL 34219-9001
3. The mailing address (if different): 169 East Flagler Street. Ste 800
4. Date of incorporation/qualification: 03/11/2011 Document number: P11000027574
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)
Martha Aristizabal
2815 Little Country Rd, Parrish, FL 34219-9001
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):
(if changed): Martha B. Aristizabal-Diaz
2815 LITTIQ L'OLINTAL DA POFFICA EL 3/1/10_U/I/17
P.O. Box NOT acceptable
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.
Signature of an officer or director CAUTE AUSTICABAL-DIAT
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.
Signature of Registered Agent
If signing on behalf of an entity:
Typed or Printed Name

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