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COVER LETTER

TO: Amendment Section Division of Corporations

SUBJECT: Advantage International Distributors

Name of Corporation

DOCUMENT NUMBER:

P93000042558

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:

Renee Martin

Name of Contact Person

Advantage International Distributors

Firm/Company

8880 NW 20th Street, Suite A

Address

Doral, FL 33172

City/State and Zip Code

rene.martin@adv-inter.com

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

For further information concerning this matter, please call:

Renee Martin

,,305

573-3132

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

statement of cha	provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this ange is submitted for a corporation organized under the laws of the State ofer to change its registered office or registered agent, or both, in the State of Florida.
	the corporation: Advantage International Distributors, Inc.
	office address: 8880 NW 20th Street, Suite A, Doral, FL 33172
3. The mailing a	address (if different):
4. Date of incorp	poration/qualification: 6/15/1993 Document number: P93000042558
	d street address of the current registered agent and registered office on file with the rtment of State: (If resigned, enter resigned)
	Haley Kornfield, ESQ
	6910 North Kendall Drive
	Miami, FL 33156
6. The name and (if changed):	d street address of the new registered agent (if changed) and /or registered office
	Haley Kornfield
	11400 SW 68th Court
	P.O. Box NOT acceptable Miami, FL 33156
The street addre as changed will	ess of its registered office and the street address of the business office of its registered agent be identical.
Such change wa authorized by th	as authorized by resolution duly adopted by its board of directors or by an officer so board, of the corporation has been notified in writing of the change.
Signatur	re of an offiger or disperded Directs Printed or typed name and title
	the appointment as registered agent and agree to act in this capacity. To comply with the provisions of all statutes relative to the proper and complete my duties, and I am familiar with and accept the obligation of my position as registered is document is being filed merely to reflect a change in the registered office address, I that the corporation has been notified in writing of this change.
Hal	nature of Registered Agent /- 20 - 20 13 Date
_	half of an entity:
	Kor Aireld

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE

MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

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