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TRANSMITTAL LETTER

SUBJECT: AMENIPORT CORPORATION (Name of corporation)
DOCUMENT NUMBER: 794 00 000 8360
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:
David Perez-GirvarT (Name of person)
Ameriport Corporation
210-174 St. #2212 (Address)
SUNNY Isles Beach, F1 33160 City/state and zip code)
For further information concerning this matter, please call:
David Perez-GingRT at (305) 441-1882 (Name of 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

Amendment Section Division of Corporations

TO:

Street Address: Amendment Section Division of Corporations 409 E. Gaines Street Tallahassee, FL 32399

03 JUN -5 PM 2: 00 TALLAHASSEE, FLORIDA

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: AMEVIPONI COVP. 2. The principal office address: 400 Kings Point Orive # 711 SUNNY Isles Beach, Fl. 33160 3. The mailing address (if different):
5. The maining address (if different).
4. Date of incorporation/qualification: 2/2/1994 Document number: P9400008366
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:
Emma L. Perez
400 Kings Point Drive # 211
SUNNY Isles Beach, F1 33160
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed): David Perez-Gingri
210-174 St. # 2212 (P.O. Box or personal mailbox NOT acceptable) Synvy Isles Beach, Fl 32160
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, chairman or vice chairman of the board) (Printed or typed 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.
(Signature of Registered Agent) (Date)
If signing on behalf of an entity:
(Typed or Printed Name) (Capacity)
* * * FILING FEE: \$35.00 * * *
MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE AND MAIL TO: DIVISION OF CORPORATIONS, P.O. Box 6327, Tallahassee, FL 32314