<u>U</u>	Page 10+2													
DOCUMENT # P95000083814 1. Entity Name VEW INVESTMENTS, INC.;								-FILED -03 AUG -4 PN 12: 43						
999-PONCE 745	ce of Business DE LEON BLY ES, FL 3313	9 .	Mailing Address 999 PONCE DE LEGN BLYD: 745 CORNE GABLES, FL 33134 US				SECRETARY OF STATE TALLAHASSEE, FLORIDA CHECK HERE IF MAKING CHANGES							- 1
			3. Mailing Address 2600 DOUGLAS RD. Suite, Apt. #, etc. P41: 6											
CORAL	P		CORAL GABLES, FL			<u> </u>	4. FEI Number 65-0620495 Applied For Not Applicable							
3313	6 Name and Address of Current		<i>මී</i> ව/ව4	County					tatus Desire		- Fee	.75 Add	itionel d	
PADIAL, JO 999 PONCE 746 GORAL-GA	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 2600 DOUGLAS RD. PH 6 City CORAL GABLES FL Zig Code 134													
B. The above named entity pubmits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and a the obligations of registered agent, or both, in the State of Florida. I am familiar with, and a the obligations of registered agent, or both, in the State of Florida. I am familiar with, and a the obligations of registered agent, or both, in the State of Florida. I am familiar with, and a the obligations of registered agent, or both, in the State of Florida. I am familiar with, and a the obligations of registered agent, or both, in the State of Florida. I am familiar with, and a the obligations of registered agent, or both, in the State of Florida. I am familiar with, and a the obligations of registered agent, or both, in the State of Florida. I am familiar with, and a the obligations of registered agent, or both, in the State of Florida. I am familiar with, and a the obligations of registered agent, or both, in the State of Florida. I am familiar with, and a the obligations of registered agent, or both, in the State of Florida. I am familiar with, and a the obligations of registered agent, or both, in the State of Florida. I am familiar with, and a the obligations of registered agent, or both, in the State of Florida. I am familiar with, and a the obligations of registered agent, or both, in the State of Florida.											O May Be			
10. ITTLE MANE STREET ADDRESS GITY-ST-ZP	900-PONE	OFFICERS AND Z, VALENTIN E DE LEON, SUITE 716 YUNGO, FL 99154	Delete	H		1	0 1	00061	AS B LES,	D.	PH6	Change	S (N 11	F034 (10/02)
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TITLE NAME STREET ADDRESS GITY-ST-ZP			☐ Delete	∵ СПУ-	T ADDRESS ST-21P			_	TS.			Change	Addition	
of the corp changed,	12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1). Florida Statutes, I further certify that the information indicated on this report or supplemental report is true and socurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trusting empowered to execute this report as required by Chapter 507, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an altachment with an appears. The first empowered. SIGNATURE: Signature 1.													

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

TO WHOM IT MAY CONCERN:

AS PER OUR CONVERSATION I AM ENCLOSING THE UBR FORM SINGED AND READY TO BE FILED. I NEVER RECEIVED THE REJECT LETTER FROM YOUR OFFICE STATING THAT A SIGNATURE WAS REQUIRED.

I WILL REALLY APPRECIATE YOUR HELP IN THIS MATTER THAT IS VERY IMPORT TO ME.

THANK YOU IN ADVANCE FOR YOUR PROMPT ATTENTION IN THIS MATTER AND IF YOU SHOULD HAVE ANY QUESTION REGARDING THIS LETTER DON'T HESITATE TO CONTACT ME.

VALENTE CONFACE