P0400090407

(Re	questor's Name)	
(Address)		
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(City	y/State/Zip/Phon	e #)
PICK-UP	MAIT	MAiL
(Business Entity Name)		
(Doc	cument Number)	
Certified Copies	Certificates	s of Status
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Special Instructions to I	riling Officer:	
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Office Use Only



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COVER LETTER

TO: Amendment Section Division of Corporations
SUBJECT: Giver of life Inc. (Name of corporation)
DOCUMENT NUMBER: 80400090407
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:
Ovan DeAngulo (Name of contact person)
Gives of Life, Inc. (Firm/Company)
7850 NW 146th St. Svite 308 (Address)
Miami Lakes FC 33016 (City/state and zip code)
For further information concerning this matter, please call:
(Name of contact person) at (305) 5/2-0445 (Area code & daytime telephone number)
(Name of confact 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 409 E. Gaines Street Tallahassee, FL 32399

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
in order to change its registered office or registered agent, or both, in the State of Florida.
1. The name of the corporation: Giverofuse, Inc.
2. The principal office address: 7850 NW 1967 St, Suite 308
Miami Lakes, FL 33016
3. The mailing address (if different):
4. Date of incorporation/qualification: <u>allokool</u> Document number: <u>P0400090403</u>
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State;
Corporation Service Company
1201 Hous Street 50
TOT HOUS OTEE
PIlahassee, FC 36501 E E E
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):
Juan DeAngulo
7473 NW 113thCt. (P.O. Box NOT acceptable)
Doyal. 77 33178
The standard file and the first of the file and the file
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.
Juan Defined to View dent (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 feel notified in writing of this change.
8/19/as
(Signature of Registered Agent) (Date)
If signing on behalf of an entity:
(Typed or Printed Name)
, /1

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