## P11000075100

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APIB & IT CORPORATION 4302 SW 8TH STREET MIAMI, FL 33134
(Address)
. (City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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## 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: APIB & IT CORP
2. The principal office address: 4302 SW 8 STREET. MIAMI, FLORIDA 33134
3. The mailing address (if different):
4. Date of incorporation/qualification: 08/23/2011 Document number: P11000075100
5. 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)
FRANCISCO DAVILA
2736 NW 27 STREET
2736 NW 27 STREET MIAMI, FL 33142
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):
BLUE PLANET OFFICES, INC
C23 9TH AVENUE  P.O. Box: NOT acceptable
KEY WEST, FL. 33040
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 gerpuration has been notified in writing of the change.
ADOL FO FALCIANI. PRESIDENT Signature of an officer of advoctor.  Printed or typed make and title
I hereby accept the appointment as registered agent and agree in act in this capacity.  I further agree to commy with the propertions of all stances relative to the proper and complete performance of my duties, and I am familiar with and incept the obligation of my position as registered agent. Or, if this document is being filed marely is relieved change in the registered affice address. I hereby confirm that the carporation has been notified in writing of this change.
Supature of Registered Againt Date   Date
If signing on behalf of an entity:  Ave for Typed or Protect Name  Typed or Protect Name
* * * FILING FEE: \$35.00 * * *

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR2E045 (#05)