## 3861719

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## Statement of Change of Registered Office or Registered Agent or Both for Corporations

Capitol Corporate Services, Inc.

PO Box 1831 Austin, TX 78767

Phone: 800-345-4647 Fax: 800-432-3622

regagent@capitolservices.com

Secretary of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

DATE:

4/8/2013

STATE: REP UNIT: FLORIDA

MIAMI PURCHASING SERVICE

CORP.

Enclosed for filing please find a Statement of Change of Registered Office or Registered Agent or Both for Corporations for the above referenced name, which is to be filed in your office. Enclosed is check #23854 in the amount of \$35.00 for the filing fee. After filing, please return the file-stamped copy in the enclosed self-addressed envelope. If you have any questions please call 800-345-4647 and ask for the Change of Agent Section of the Registered Agent Department.

Should you need to return this document for any reason please send it to:

Capitol Corporate Services, Inc. PO Box 1831 Austin, TX 78767

## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

statement of ch	ange is submitted for a co	rporation organized unde	08, or 617.1508, Florida Statutes, or the laws of the State of FLOF ut, or both, in the State of Florida.	
1. The name of	the corporation MIAN	IL PURCHASING	SERVICE CORP.	
2. The principa	I office address: 6555 N	IW 36TH ST 300-1	VIRGINIA GARDENS, FL	33166
	address (if different) P.0		AMI, FL 33152-2252	The first and th
4. Date of inco	rporation/qualification:	7/11/1971 Do	ocument number: 386779	
	nd street address of the out artment of State: (If resign		registered office on file with the	
	MARQUEZ & MAI	RCELO - ROBAINA	, P.A.	<u> </u>
	6303 BLUE LAGO	OON DR STE 390	k kilomatelember verk de kommye jezik t. i. — verkommyekse applimeter meldar sepa viye \$	
	Greet Address MIAMI	FL	33126-6005	一
6. The name m (if changed)	nd street address of the ne ):	w registered agent (if cha	inged) and for registered office	FH 12: 47
		Drive, Suite A		<b>1</b> %
		FL	32301	
The street add	cay dress of its registered offi ill be identical.	Sime co and the street address	of the business office of its regist	ered agent,
Such change authorized by	was authorized by resolu- the board or the corpor	tion duly adopted by its t ition has been notified in	coard of directors or by an officer writing of the change.	so
		S AN	A MARGARITA LLOP	ERA, VICE- PRESIDENT
I hereby acce I further agre performance agent. Or, if hereby confir	opt the appointment as re- ver to comply with the pro- of my duties, and I am fa- this document is being fi- m that the corporation h	gistered agent and agree visions of all statutes rel miliar with and accept th led merely to reflect a ch as been notified in writh	to act in this capacity, ative to the proper and complete he obligation of my position as re- tange in the registered office addi- ig if this change.	visterect less, J
_10el	Carrie Car. Signature of Registered Agent	<u> </u>	4-5-13	. U. A. CARAGO
If signing on	behalf of an entity:			
Delanie C	ase, Asst. Secretar Typed or Printed Name	y on behalf of Capi	tol Corporate Services, Inc	<b>.</b> .

Make checks payable to Florida Department of State Mail to: Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 cr2eg45 (03/12)

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