565194

(Requestor's Name)					
,					
VIRGINIA ZERON 9965 SW 31ST TER MIAMI FL 33165-2960					
(Address)					
(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
(Document Number)					
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08 JUL -2 PM 2: 15
SECRETARY OF STATE
SECRETARY FLORID

RACHIO

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

Pursuant to the provisions of sections 607 statement of change is submitted for a cor in order to change its registered	poration organize	d under the laws of the S	tate of _Florida			
The name of the corporation: The principal office address:	CARTIA, II		v			
2. The principal office address	Doral, FL 33	178				
3. The mailing address (if different):	N/A					
4. Date of incorporation/qualification:	1/11/1978	Document number:				
5. The name and street address of the curr Florida Department of State:	ent registered ager	nt and registered office or	n file with the			
Patricia Echeverri				1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2		
10928 N.W. 69 th Street				LE L		
Dor	al, FL 33178			FILED -2 FARY		
6. The name and street address of the new (if changed):	registered agent (if changed) and /or regist	tered office	PH 2: 15 OF STATE		
L. C	L. Grant Peeples					
996	5 SW 31 Terrace					
(P.O. Box NOT acceptable)						
Miami, FL 33165						
The street address of its registered office as changed will be identical.	and the street ad	dress of the business of	fice of its registe	red agent,		
Such change was authorized by resolution authorized by the board, or the corporation	on duly adopted bon has been notif	y its board of directors of the cha	or by an officer singe.	so		
Clera Maguel (Signature of an officer or glocator)	m .	ELENA MO	GOLLON name and title)	- PRESIDENT		
I hereby accept the appointment as regis I further agree to comply with the provis of my duties, and I am familiar with and document is being filed merely to reflect corporation has been notified in writing	tered agent and a ions of all statute accept the obliga a change in the r of this change.	ngree to act in this capa s relative to the proper tion of my position as r egistered office address	city and complete pe egistered agent. , I hereby confir	rformance Or, if this m that the		
(Signature of Registered Agent)		6/16/08				
If signing on behalf of an entity:		· (Date	,			
(Typed or Printed Name)		,				

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

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