## 696695

(Requestor's Name)		
(Address)		
(Address)		
•		
(City/State/Zip/Phone #)		
PICK-UP WAIT MAIL		
(Business Entity Name)		
. (Document Number)		
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## **COVER LETTER**

TO: Amendment Section Division of Corporations			
SUBJECT: Miami Magnet Company	worstion)		
(Name of Cor	poration)		
DOCUMENT NUMBER: 696695			
The enclosed Statement of Change of Registered Office/	Agent and fee are submitted for filing.		
Please return all correspondence concerning this matter to	o the following:		
John Nellessen			
(Name of Contact Person)			
Miami Magnet Company			
(Firm/Com	ipany)		
6073 NW 167th Street, Ste C26 (Address)			
(ridato)	557		
Miami, FL 33015			
(City/State and	Zip Code)		
For further information concerning this matter, please cal	ll:		
John Nellessen	at ( 303 ) 591-4344 (Area Code & Daytime Telephone Number)		
(Name of Contact Person)	(Area Code & Daytime Telephone Number)		
Enclosed is a \$35.00 check made payable to the Departm	ent of State.		
Mailing Address: Amendment Section	Street Address: Amendment Section		
Division of Corporations	Division of Corporations		
P.O. Box 6327	Clifton Building		
Tallahassee, FL 32314	2661 Executive Center Circle		

Tallahassee, FL 32301

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

statement of ch	ange is submitted for a corporation	17.0502, 607.1508, or 617.1508, Florida Statutes, this organized under the laws of the State of Florida
in ord	ler to change its registered office or	registered agent, or both, in the State of Florida.
1. The name of	f the corporation: Miami Magnet Co	mpany
2. The principa	al office address: 6073 NW 167th St	treet, Ste. C26
Miami Flor	ida 33015	
3. The mailing	address (if different):	
4. Date of inco	rporation/qualification: 8/3/81	Document number: 696695
	nd street address of the current regis artment of State:	stered agent and registered office on file with the
	Gale Peregrin	
	6073 NW 167th Street, S	Ste C26
	Miami, FL 33015	E € S T
6. The name ar (if changed)		red agent (if changed) and /or registered office
	Cathy Wachtel	OF STA
	6073 NW 167th Street, St	te. C26
	(P.O. Box NOT a	cceptable)
	Miami Florida 33015	
The street add as changed wi	ress of its registered office and the	e street address of the business office of its registered agent,
Such change vauthorized by	was authorized by resolution duly the board, or the corporation has b	adopted by its board of directors or by an officer so been notified in writing of the change.
		John Nellessen President
. •	ature of an officer or director)	(Printed or typed name and title)
I hereby accept further agree of my duties, a document is be corporation here.	ot the appointment as registered as the comply with the provisions of and I am familiar with and accept eing filed merely to reflect a changes been notified in writing of this control of the control of	gent and agree to act in this capacity. all statutes relative to the proper and complete performance the obligation of my position as registered agent. Or, if this ge in the registered office address, I hereby confirm that the change.
Cathy	Walte	2/29/08
	Signature of Registered Agent)	(Date)
If signing on b	pehalf of an entity:	
	(Typed or Printed Name)	_
	(1) has or rrunner ramps)	

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