755285

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Tallahassee, FL 32301

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: 2. The principal office address: C/o Guarantee Management 3785 NW 82nd Avenue, Suite 109, Miami, FL 33166
3. The mailing address (if different):
4. Date of incorporation/qualification: 11/25/1980 Document number: 755285
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)
Edo Meloni, Esq.
840 SW 40th Avenue
Plantation, FL 33317
Plantation, FL 33317 6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):
Edo Meloni, Esq.
1701 NE 164th Street, Suite 303
P.O. Box NOT acceptable
North Miami Beach, FL 33162-4018
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 corporation has been notified in writing of the change.
Signature of an officer or director 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 been notified in writing of this change.
Signature of Registered Agent 08/14/7019 Date
If signing on behalf of an entity: Typed or Printed Name Prin
* * * FILING FEE: \$35.00 * * *
Make checks payable to Florida Department of State Mail to: Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

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