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Florida Department of State

Division of Corporations Public Access System

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To:

Division of Corporations

Fax Number : (850) 205-0380

: C T CORPORATION SYSTEM Account Name

Account Number : FCA000000023 : (850)222-1092

Phone

Fax Number : (850)878-5926

1 mil 7 m

REGISTERED AGENT CHANGE

ALCOA INTER-AMERICA, INC.

Certificate of Status	0
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Corporate Filing Menu

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1/10/2007

CT CORPORATION SYSTM

01/18/2007 12:03 9269848998

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

statement of chi	provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, ange is submitted for a corporation organized under the laws of the State of <u>Delawar</u> er to change its registered office or registered agent, or both, in the State of Florida		
1. The name of	the corporation: Alcos Inter-America, Inc.		
2. The principal	office address: 75 Valcucia Avenue, Ste. 300, Caral Gables, FL 32301		
3. The mailing a	address (if different):		-
4. Date of incorp	poration/qualification: 01/08/1969 Document migriber: 822263		~~
	I street address of the current registered agent and registered office on file with the transit of State:	07 JAN 10 SECRETARY ALLAHASSE	
	Corporation Service Company	AN IC	-
•	1201 Hays Street	(13)	1
	Tallahnssee, FL 32301-2525	PH S] i
6. The name and (if changed):	l street address of the new registered agent (if changed) and /or registered office	2: 13 STATE LORID/	_
,	C T Corpuration System		
	c/o C T Corporation System, 1200 South Pine Island Road		
	(P.C. Box NOT scoupshile)		
	Plantation, Florida 33324		
Such change we authorized by the	as of its registered office and the street address of the business office of its register be identical. Its anthorized by resolution duly adopted by its board of directors or by an officer at the board, or the corporation has been notified in Writing of the change. Show the corporation has been notified in Writing of the change.		
I hereby accept I further agree t of my duties, un accument is bein corporation has	the appointment as registered agent and agree to act in this capacity, to confibe with the provisions of all statutes relative to the proper and complete pe of I am familiar with and accept the obligation of my position as registered agent, in gilled merely to reflect a change in the registered office address. I havery confir been notified in writing of this change.	rformance Or, if this m that the	
By: Jag	C T Corporation System / 9 / 67 promote of Registered Agent) (Date)	<u> </u>	
	half of an entity: JAMES M. NEWSOME		
 	pocial Assistant Secretary		
·	* * * FILING FEE: \$35.00 * * *		
M.	MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE AIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314		,

01/10/2007 12:03 8508785926