A04000001962

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
A. LUNT AUG 24 2011
FXAMNER

Office Use Only



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08/22/11--01013--024 **35.00

SEGNETIARY OF STATE TALLAHASSEE, FLORIDA

OH AUG 23 PH J: §

August 15, 2011

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

RE: Directo Hispanic Promotions, LTD.

Dear Filing Officer:

Please file the attached Change of Agent for the referenced company. Enclosed please find a check for the requisite fees. Please return evidence of filing to my attention via regular mail.

If for any reason the enclosed cannot be filed upon receipt, please contact the undersigned immediately at (800) 862-5438. Thank you very much for your assistance

Very truly yours,

Linda Stauffer Client Specialist

Enclosures

-

LIMITED PARTNERSHIP OR LIMITED LIABILITY LIMITED PARTNERSHIP STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT, OR BOTH

Pursuant to the provisions of section 620.1115. Florida Statutes, the undersigned limited partnership or limited liability-limited partnership submits the following statement in order to change its registered office or registered agent, or both, in the state of Florida.

1	Directo Hispanic I				
N	ame of Limited Partnership or Lim	ited Liability	Limited Partnership		
2. Dece	ember 10, 2004	3	A04000001		
Date of filin	g/registration in Florida	Annual Section 1	Florida document i	númber	
4. The name of the r Department of State:	egistered agent and the registered of	office address	us shown on the reco	rds of the Florida	
	Murai Wald Biondo More		<u>hin, P.A. (re</u> sign	ied 6/17/11)	
	Two Alhambra Plaz	a. Penthoi	ıse 1B		
	Addre				
	Coral Gables	, FL 33134			
	City, State	and Zip	er om i ekonomisking	₹ <u>₹</u>	
5. The name and Flo	rida street address of the new regis	stered agent an	d/or office:	LAHA LAHA	-
	NRAI Services, Inc.			18.5 18.5 18.5 18.5 18.5 18.5 18.5 18.5	-
	Nam	è		(7)	-
	515 East Park Avenue				
	Florida street address (P.C), Box not acc	eptable)	83 T	(:
	Tallahassee	FI	32301	통류 📽	
	City, State	and Zip	**************************************		
6. Such change(s) is/	are effective when filed by the Flo	rida Departme	ni of State.		
h-a					
Signature of General	Partner Jose Maria Gonzalez, Managing I	Member of Directo	riesparsic Promotions, LLC,	Goneral Partner	
Thereby occept the a comply with the prov- and I am familiar wit NRAL Services, I by: Signature of Register	upointment as registered agent and isions of all statutes relative to the h an accept by obligations of my pinc. MARIE Agent	l agree to act i proper and co	in this capacity. I fur implete performance	ther agree to	
Filing Fee:	\$35.00				

Certified Copy (optional): \$52.50