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COVER LETTER

TO:	Amendment Section Division of Corporations						
SUBJE	ECT: LREAD, INC. Name of Corporation						
	Name of Corporation						
DOCU	MENT NUMBER: F0400001044						
The en	closed Statement of Change of Registered Office/Agent and fee are submitted for filing.						
Please	return all correspondence concerning this matter to the following:						
	ARMANDO VI LLARROEL Name of Contact Person						
	Name of Contact Person						
	C.READ Torre						
	CREAD, Inc. Firm/Company						
	3001 South Ocean Daire # 1429						
3001 South Ocean Dairs # 1429 Address Italy wood, FL 33019							
City/State and Zip Code							
	VILLARRO & NOVA. EDU						
	E-mail address: (to be used for future annual report notification)						
For fur	ther information concerning this matter, please call:						
	Name of Contact Person Area Code & Daytime Telephone Number						
	Name of Contact Person Area Code & Daytime Telephone Number						
Enclose	ed is a \$35.00 check made payable to the Department of State.						
	Mailing Address: Amendment Section Division of Corporations Street Address: Amendment Section Division of Corporations						

Clifton Building

Tallahassee, FL 32301

2661 Executive Center Circle

P.O. Box 6327

Tallahassee, FL 32314

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

statement of ch	ange is submitted for a c	orporation organiz	607.1508, or 617.1508, Florida ed under the laws of the State of ed agent, or both, in the State of	PA
2. The principa	the corporation: CR al office address: Ulb 1 38Aut, FL 33162	•	esity, 1750 NE 16754 :	ot. North
3. The mailing	address (if different): _5	an L		
4. Date of incom	rporation/qualification:	82/26/2004	Document number: FOY 0	00001044
	ARMANDO	ned, enter resigned		vith the
	3 001 South	Ocean Drive	# 1429	~
	Hollywood, F	L-33019		- ·
6. The name an (if changed):		w registered agent	(if changed) and /or registered o	Tiffice 15: AUG -3
	3001 South	Ocean Drive		
	Hollywood	P.O. Box NOT ac	eeptable	- 1 (a)
The street addr as changed wil	ress of its registered offi Il be identical.	ce and the street ac	ldress of the business office of i	ts registered agent,
•		ion duly adopted b tion has been notif	y its board of directors or by an ied in writing of the change.	
Signal	ture of an officer or director		ARMANDO VIIARROEL Printed or typed name and ti	Executive Director
I hereby accept I further agree performance of agent. Or. if th	t the appointment as reg to comply with the prov f my duties, and I am far	ea merew to renec	agree to act in this capacity es relative to the proper and con cept the obligation of my position of a change in the registered offi	mplete n as registered
	huj		713018	
	gnature of Registered Agent		Date	
	Typed or Printed Name			
	*	* * FILING FEE	: \$35.00 * * *	

Make checks payable to Florida Department of State Mail to: Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314