## J24198

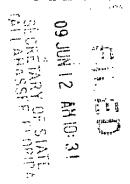
(Re	equestor's Name)				
(Ac	ldress)				
(Ac	ldress)				
(Cit	ty/State/Zip/Phone	#)			
PICK-UP	WAIT .	MAIL			
(Business Entity Name)					
(Document Number)					
Certified Copies	_ Certificates	of Status			
Special Instructions to	Filing Officer:				

Office Use Only



100157046601

06/12/09--01073--009 \*\*35:00



PA Change 06/18/09 Dc

## **COVER LETTER**

Amendment Section Division of Corporations

TO:

	*					
Name of Co	rporation					
J	24198					
ange of Registered Office	/Agent and fee are submitt	ed for filing.				
ce concerning this matter	to the following:					
Name of Con	tact Person					
Heidi H. I.luranniemi. P.∆						
7634 NW 6th Ave.						
, , , , , , , , , , , , , , , , , , , ,						
Boca Raton,	FL 33487					
City/State and Zip Code						
heidi522@hotmail.com						
E-mail address: (to be used for future annual report notification)						
rning this matter, please ca	all:					
anniemi	at ( 561 )	994-0280				
act Person	Area Code & Daytin	ne Telephone Number				
ade payable to the Departr	ment of State.					
ng Address	Street Address:					
ndment Section	Amendment Sec	ction				
ndment Section sion of Corporations Box 6327	Amendment Sec Division of Cor Clifton Buildin	porations				
	Name of Co  Jange of Registered Office, ce concerning this matter  Heidi Uura Name of Con  Heidi H. Uura Firm/Con  7634 NW Addr  Boca Raton, City/State and heidi522@ho dress: (to be used for further this matter, please canniemi act Person  ande payable to the Department and Address:	Boca Raton, FL 33487 City/State and Zip Code heidi522@hotmail.com dress: (to be used for future annual report notifi ming this matter, please call: anniemi at (561) Area Code & Daytin ade payable to the Department of State.  ang Address: Street Address:				

Tallahassee, FL 32301

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

statement of cha	provisions of sections 607.0302, 617.0302, 607.1308, or 617.1308, Florida inge is submitted for a corporation organized under the laws of the State of _ r to change its registered office or registered agent, or both, in the State of I	Florida		_
	office address: 917 S. Dixie Hwy., Lake Worth, FL 33460	<u>-</u>		
3. The mailing a	ddress (if different):			
4. Date of incor	poration/qualification:	J24	1198	
	Allan Pastor c/o Pastor & Golbois CPAs, P.A.  7700 Congress Ave., Suite 3107	ith the		
	Boca Raton, FL 33487		00	
6. The name and (if changed):	d street address of the new registered agent (if changed) and /or registered of	TAKE JARY	09 JUN 12	e información en el fil con el control de en el fil con el control de en el fil en
	Heidi H. Uuranniemi, P.A.	- <del>1</del> ←		
	7634 NW 6th Ave.  P.O. Box NOT acceptable	- Sec.	္သ	Manager 1
	Boca Raton, FL 33487	7-		
The street address changed will	ess of its registered office and the street address of the business office of be identical.	its regis	tered a	igent,
_	as authorized by resolution duly adopted by its board of directors or by a be board, or the corporation has been notified in writing of the change.			
Ale	Eila Sikano			
_	the appointment as registered agent and agree to act in this capacity, to comply with the provisions of all statutes relative to the proper and cond I am familiar with and accept the obligation of my position as registering filed merely to reflect a change in the registered office address, I here is been notified in writing of this change.	<b>い</b> かへ	PVE perfori t. Or firm the	sidest mance if this at the
Dicio	chi UCC Quature of Registered Agent UCC Date			
	chalf of an entity:			
Heidi	UUranniemi Typed or Printed Name			

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