K16124

(Re	equestor's Name)	
(Ac	dress)	
(Ac	ldress)	
(Ci	ty/State/Zip/Phone	≘#)
PICK-UP	TIAW [MAIL
(Bu	usiness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	Certificates	of Status
	<u>-</u>	
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Special Instructions to	Filing Officer:	
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LELEGIARY OF STATE
VALLAHASSEE, FLORIDA

FILED

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The 3/10

COVER LETTER

TO: An	nendment Section vision of Corporations			
SUBJECT	: Vaned Art Gallery, Inc. (Name of Corporation			
DOCUME	ENT NUMBER: K16124			
The enclos	ed Statement of Change of Registered Office/Agent a	and fee are submitted for filing.		
Please retu	rn all correspondence concerning this matter to the fo	llowing:		
	Juan E. Piloto			
	(Name of Contact Pers	son)		
Vaned Art Gallery, Inc. (Firm/Company)				
	(Firm/Company)			
	4704 OM 4005	Di .		
	4764 SW 128th (Address)	<u> </u>		
	(2,000,000)			
	Miami, FL. 33175			
(City/State and Zip Code)				
For further	information concerning this matter, please call:			
Juan	0	05) 223-9359		
Juan	(Name of Contact Person) at (3	trea Code & Daytime Telephone Number)		
Enclosed is	s a \$35.00 check made payable to the Department of	State.		
	Mailing Address: Amendment Section	Street Address:		
		Street Address: Amendment Section		
	Division of Corporations P.O. Box 6327	Division of Corporations		
	Tallahassee, FL 32314	Clifton Building 2661 Executive Center Circle		
	a manusconsummy a to so dest 1-3	Tallahassee, FL 32301		

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

statement of cha	provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this inge is submitted for a corporation organized under the laws of the State of Florida er to change its registered office or registered agent, or both, in the State of Florida.
1. The name of t	the corporation: Vaned Art Gallery, Inc
	office address: 4764 SW 128th Pl. Miami, FL. 33175
3. The mailing a	address (if different):
4. Date of incorp	poration/qualification: 02/25/1988 Document number: K16124
	d street address of the current registered agent and registered office on file with the rtment of State:
	Juan E. Piloto
	4764 SW 128th Pl. Miami, FL. 33175
6. The name and (if changed):	4764 SW 128th Pl. Miami, FL. 33175 I street address of the new registered agent (if changed) and /or registered office Maria D. Segundo-Piloto
	Maria D. Segundo-Piloto
	4764 SW 128th Pl. Miami, FL. 33175 (P.O. Box NOT acceptable)
The street addre	ess of its registered office and the street address of the business office of its registered agent, be identical.
Such change was authorized by the	as authorized by resolution duly adopted by its board of directors or by an officer so the board, of the corporation has been notified in writing of the change.
(Signalia	Juan E. Piloto President (Printed or typed name and title)
I hereby accept I further aggee to of my duties, an document is being corporation has	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 complete performance ad I am familiar with and accept the obligation of my position as registered agent. Or, if this ing filed merely to reflect a change in the registered office address, I hereby confirm that the s been notified in writing of this change.
Davie (Sig	D Segue do Piloto 02/27/2006 gnature of Registated Agent) (Date)
If signing on be	shalf of an entity:
	egundo-Piloto Typed or Printed Name)

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314 CR2E045 (8/05)

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