## L0900113633

(Requestor's Name)		
(Address)		
(Address)		
(City/S	tate/Zip/Phone	
PICK-UP	WAIT	MAIL
(Business Entity Name)		
(Docur	nent Number)	
Certified Copies	Certificates	of Status
Special Instructions to Filing Officer:		
		1

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11/16/10 E. DENNARD



Malave, Erin

-bus name 69000113633

From: Hans Maichel [hansmaichel@gmail.com]

Sent: Friday, November 12, 2010 3:26 PM

To: CorpAddressChange

Subject: Request Address change for the principal and mailing address of the business entity

Please change my principal & mailing address to the following:

New Addres:

5020 NW 79th Avenue Suite 107 Doral, FL 33166 Thank you,

Hans Maichel