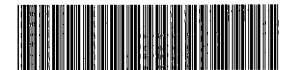
## L28998

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DR 11/22/11

## **COVER LETTER**

TO: Amendmer Division of	nt Section Corporations					
SUBJECT: ALVACO TRADING COMPANY						
	Name of Corp	oration				
DOCUMENT NU	MBER: L2	8998				
The enclosed States	nent of Change of Registered Office/A	gent and fee are submitted for filing.				
Please return all co	rrespondence concerning this matter to	the following:				
	55AN ( 5 1A 18	407.004				
FRANK E. JAUMOT, CPA  Name of Contact Person						
	Name of Contac	A I CISOII				
AHEARN JASCO + COMPANY, P.A.						
Firm/Company						
	190 SOUTHEAST 19TH AVENUE					
Address						
POMPANO BEACH, FL 33060  City/State and Zip Code						
		np code				
frank.jaumot@ahearncpa.com						
E-mail address: (to be used for future annual report notification)						
For further informa	tion concerning this matter, please call:					
FRAN	IK E. JAUMOT, CPA	781-8803				
Nan	ne of Contact Person	at ( 954 ) 781-8803 Area Code & Daytime Telephone Number				
Enclosed is a \$35.0	0 check made payable to the Departme	nt of State.				
	Mailing Address: Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address: Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle				

Tallahassee, FL 32301

TO:

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

statement of cha	nge is submitted for a corp	ooration organized	07.1508, or 617.1508, Flori under the laws of the State agent, or both, in the State	of FLORIDA		
1. The name of t	he corporation: ALVAC	O TRADING	COMPANY			
	office address: 12301 N	W 39TH STRE	ET			
	ddress (if different): 190 NO BEACH, FL 3306		NUE			
4. Date of incorp	ooration/qualification:	11/09/1989	Document number:	L28998		
	street address of the curre tment of State: (If resigned	~ ~	and registered office on file	e with the		
	CORPORATE CREATIONS NETWORK INC.					
	11380 PROSPERITY FARMS ROAD #221E					
	PALM BEACH GAR	DENS, FL 3341	10	ZIIII JUL 22 TALLAHASS		
6. The name and (if changed):	street address of the new	registered agent (if	changed) and /or registered	office R.F. Ser. F. Se		
	FRANK E. JAUMOT	, CPA		- 08 ITA		
	190 SOUTHEAST 19TH AVENUE					
	POMPANO BEACH,	P.O. Box NOT acce FL 33060	ptable			
The street address changed will	ess of its registered office be identical.	and the street addi	ress of the business office	of its registered agent,		
Such change was authorized by the	as authorized by resolution the board, or the corporation	n duly adopted by on has been notifie	its board of directors or by d in writing of the change	y an officer so		
//W Sigglu	e of an officer or director	_	ANGEL I. ALVAF	REZ, DPST		
I hereby accept I further agree of my duties, an document is be corporation has	the appointment as regist to comply with the provisi d I am familiar with and a ng filed merely to reflect been notified in writing o	tered agent and ag ons of all statutes accept the obligati a change in the re of this change.	ree to act in this capacity, relative to the proper and on of my position as regis gistered office address, I h	complete performance tered agent. Or, if this ereby confirm that the		
	ke mit		7/15/11			
_	nature of Registered Agent half of an entity:		Date			
Т	yped or Printed Name	····				

\* \* \* FILING FEE: \$35.00 \* \* \*
HECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE