

MD4820

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

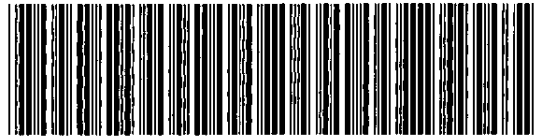
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



200120923162

03/21/08--01035--012 **25.00

04/02/08--01005--018 **10.00

STATE
TALLAHASSEE, FLORIDA

08 APR - 1 AM 9:03

FILED

RO chg.

4/2



FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 25, 2008

ALEJANDRA LAMAS
INTERNATIONAL REPRESENTATIVES, INC.
10 NW 42 AVENUE, SUITE 700
MIAMI, FL 33126

SUBJECT: INTERNATIONAL REPRESENTATIVES, INC.
Ref. Number: M04820

We have received your document for INTERNATIONAL REPRESENTATIVES, INC. and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The above entity is a Florida corporation and the document and fee submitted are for a Florida limited liability company. The correct form is enclosed and an additional filing fee of \$10.00 is due.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6901.

Susan Payne
Senior Section Administrator

Letter Number: 708A00017646

RECEIVED
2008 APR -1 AM 8:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: International Representatives Inc

DOCUMENT NUMBER: MO 4820

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Alejandra Lamas
(Name of Contact Person)

International Representatives Inc.
(Firm/ Company)

10 N.W 42nd Ave Suite # 700
(Address)

Miami FL 33126
(City/ State and Zip Code)

For further information concerning this matter, please call:

Diego Benilla at (305) 529-9990
(Name of Contact Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

☒ \$35 Filing Fee

☐ \$43.75 Filing Fee &
Certificate of Status

☐ \$43.75 Filing Fee &
Certified Copy
(Additional copy is
enclosed)

☐ \$52.50 Filing Fee
Certificate of Status
Certified Copy
(Additional Copy
is enclosed)

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

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

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of Florida in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: International Representatives Inc
2. The principal office address: 10 N.W 42nd Ave Suite 700
Miami FL 33126
3. The mailing address (if different): _____

4. Date of incorporation/qualification: 9/6/84 Document number: M04820
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:

Alejandra Lamas
5835 Blue lagoon Dr Ste 100
Miami FL 33126

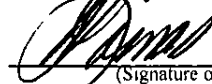
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

Alejandra Lamas
10 N.W 42 Ave Suite 700
(P.O. Box NOT acceptable)
Miami FL 33126

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA


The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.


(Signature of an officer or director)

Alejandra Lamas - Treasurer
(Printed or typed name and title)

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.


(Signature of Registered Agent)

(Date)

If signing on behalf of an entity:

(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
CR2E045 (8/05)