M45661

Office Use Only



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SECRETARY OF STATE
AHASSEF, FLORIDA

May or or

COVER LETTER

TO: Amendment Section Division of Corporations						
SUBJECT: Gutierrez and Associates Corp. (Name of Corporation)	<u> </u>					
DOCUMENT NUMBER: M45661						
The enclosed Statement of Change of Registered Office/Agent and fee are submi	tted for filing.					
Please return all correspondence concerning this matter to the following:						
Armando Gutierrez, Sr. (Name of Contact Person)						
(Name of Contact Person)						
Gutierrez and Associates, C	orc-					
(Firm/Company)	·					
3175 SW 8 ⁷⁴ St (Address)						
Miami FL 33/35 (City/State and Zin Code)						
(City/State and Zip Code)						
For further information concerning this matter, please call:						
Aymando Gutlerrez at (305) 35 (Name of Contact Person) at (305) 35 (Area Code & Day	time Telephone Number)					
Enclosed is a \$35.00 check made payable to the Department of State.						
Mailing Address: Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Cifton Buildi Tallahassee, FL 32314 Street Address Amendment S Division of C Clifton Buildi Tallahassee, FL 32314	ection orporations ng ve Center Circle					

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

statement of cha	provisions of section nge is submitted for to change its reg	or a corporation o	organized ur	der the laws	of the State o	f Floric		
1. The name of the	he corporation:	Gutierrez	and	Associ	lates co	<u>. 00</u>		
2. The principal	office address:	3/75 SU	- 274	51.				
		Miami,	FL 3	3135				
3. The mailing ad	ddress (if different	t):			<u></u>	 	· · · · · · · · · · · · · · · · · · ·	
4. Date of incorp	oration/qualificati	on: 01/29	1987 r	ocument nun	nber: <u>M45</u>	5661		
	street address of t tment of State:	he current registe	red agent an	d registered o	office on file v	with the		
		irmando	Gulieri	-ez				
	را	OI Brick	ell Ave	. ste	320			
	M	ilami , FL	. 331.	31		- 5		
6. The name and (if changed):	street address of t	he new registered	l agent (if ch	anged) and /o	or registered o	SECRETA LLAHA	07 SEP	
	A	Irmando	Gutie	rlez		ARY SSEI	20	一
	3	175 Su	J 874	<u>51</u>		OF S	PH	
		(P.O. Box NOT acce	eptable)	- '		- ORI	-	U
	<u></u>	liami F	<u>L 33</u>	135		— 00 — 00E	0	
The street address as changed will l	ss of its registered be identical.	I office and the s	treet address	s of the busin	ess office of	its register	ed age	ent,
Such change was authorized by the	s authorized by re e board, or the co	esolution duly ad rporation has be	opted by its en notified i	board of dire	ectors or by a the change.	an officer so)	
(Signatur	e of an officer or director	or)		ARMAND (Printed	or typed name an	CMS2		<u>ς</u> η,
I hereby accept in I further agree to of my duties, and document is being corporation has	the appointment a of comply with the of I am familiar wi ng filed merely to been notified in v	is registered age provisions of al- ith and accept th reflect a change writing of this ch	nt and agreell statutes reele obligation in the regisange.	e to act in thi lative to the p of my position dered office a	s capacity. proper and co proper and co proper register ddress, I her (Date)	omplete per red agent. eby confirm	forma Or, if 1 that	nce this the
If signing on bel	•		<u>)</u>		·			

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