M92112

| | (Requestor's Name) | |
|---------------------|--------------------------|--------|
| | (Address) | |
| | (Address) | |
| | (City/State/Zip/Phone #) | |
| PICK-U | P WAIT | MAIL |
| | (Business Entity Name) | |
| | (Document Number) | |
| Certified Copies | Certificates of S | Status |
| Special Instruction | s to Filing Officer: | |
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COVER LETTER

| TO: Amendment Section Division of Corporations |
|--|
| SUBJECT: Ramlib Corporation (Name of Corporation) |
| DOCUMENT NUMBER: M92112 |
| The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing. |
| Please return all correspondence concerning this matter to the following: |
| Wesley M. Robinson Esq. (Name of Contact Person) |
| Wesley M. Robinson PA (Firm/Company) |
| 80 SW 8th Street, Suite 3100 (Address) |
| Miami, FL 33130 (City/State and Zip Code) |
| For further information concerning this matter, please call: |
| Wesley M. Robinson Esq. at (305) 377-3352 (Name of Contact Person) (Area Code & Daytime 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 Street Address: Amendment Section Division of Corporations Clifton Building |

2661 Executive Center Circle

Tallahassee, FL 32301

Tallahassee, FL 32314

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

| • | tions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statute submitted for a corporation organized under the laws of the State of Floric | | |
|---|--|-----------------------------------|-------------------------|
| • • | hange its registered office or registered agent, or both, in the State of Florida | | |
| 1. The name of the co | rporation: Ramlib Corporation | | |
| 2. The principal office | address: 11061 Monfero Street, Coral Gables, FL 33156 | | |
| | | | |
| 3. The mailing address | s (if different): | | |
| 4. Date of incorporation | on/qualification: July 31, 1988 Document number: M92112 | | |
| 5. The name and stree Florida Department | t address of the current registered agent and registered office on file with the of State: | | |
| We | sley M. Robinson Esq. | | |
| <u>501</u> | Brickell Key Drive, Suite 504 | | |
| Mia | mi, FL 33131 | | |
| 6. The name and stree (if changed): | t address of the new registered agent (if changed) and /or registered office | 08 HAY 30 | SECRE SECRE |
| <u>We</u> | sley M. Robinson Esq. | Y 30 | PAT. |
| 80 | S. W. 8th Street, Suite 3100 | | CORP Y OF |
| | (P.O. Box NOT acceptable) | AM II: 5 | 25 |
| <u>Mia</u> | nmi, FL 33130 | 59 | |
| The street address of as changed will be id | its registered office and the street address of the business office of its regi entical. | stered ag | gent, |
| | norized by resolution duly adopted by its board of directors or by an officerd, or the corporation has been notified in writing of the change. | | |
| (Signature of ar | officer or director) (Printed or typed name and title) | | |
| I hereby accept the a I further agree to con of my duties, and I an document is being fill corporation has been | opointment as registered agent and agree to act in this capacity. Apply with the provisions of all statutes relative to the proper and complete The familiar with and accept the obligation of my position as registered age agenty to reflect a change in the registered office address, I hereby con notified in writing of this change. | perform nt. Or, i ıfirm tha | ance f this t the |
| (Signature) | of Registered Agent) (Date) | | |
| If signing on behalf o | f an entity: | | |
| (Typed o | Printed Name) | | |
| | * * * FILING FEE: \$35.00 * * * | | |