## N0300000132

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## **COVER LETTER**

TO: Amendment Section Division of Corporations
SUBJECT: Feminena, Network Inc. (Name of Corporation)
DOCUMENT NUMBER: 1 03000000 132
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:
(Name of Contact Person)
Faminenza Ketrosk Inc. (Firm/Company)
1802 Antigna Pd (Address)
(City/State and Zip Code)
For further information concerning this matter, please call:
(Name of Contact Person) at (E61) 644 8923 (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 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

statement of chang	ge is submitted for a co	7.0502, 617.0502, 607.150 Orporation organized unde	r the laws of the Sto	ate of _ Flori	
		l office or registered agen		ıte of Florida.	
1. The name of the	e corporation: Fu	nineura Netu	• •		
2. The principal of	<del></del>	02 Antiqua 1	ed wes	t Palm	beach
		wida, 33	700	<u> </u>	~
3. The mailing add	dress (if different):	Same_		SECR	<u> </u>
4. Date of incorpo	ration/qualification:	<u> 2003</u> Doc	ument number: <u>N</u>	03000000	132 F
	street address of the cur	rent registered agent and r		U/_/	3 1
_	Haro	ri 4dela	<u>a</u>	ORID	1:53
<b></b> -	2121	SE Bow	Le St	1050	
-	Port	St. Zuci	-, <del>1</del> 7	SCIE!	<b>.</b>
<ol><li>The name and s (if changed):</li></ol>	street address of the new	w registered agent (if change)	ged) and /or registe	red office	2
		1802 A	riqua Pd	<del></del>	<u> </u>
_		west Pal	m both Fo	33406	
	(P.O.	Box NOT acceptable)			
The street address as changed will b	s of its registered office identical.	e and the street address of	f the business offi	ce of its register	red agent,
Such change was authorized by the	authorized by resolut board, or the corpora	ion duly adopted by its be tion has been notified in v	oard of directors or writing of the chan	r by an officer s ige.	<b>50</b>
UD 1		L	P		
(	of an officer or director)	· · · · · · · · · · · · · · · · · · ·	(Printed or typed n	•	
I hereby accept th I further agree to of my duties, and document is beins corporation has b	ne appointment as reg comply with the prov I am familiar with an g filed merely to reflec been notified in writin	istered agent and agree to isions of all statutes relat d accept the obligation of tt a change in the register g of this change.	o act in this capac ive to the proper a my position as re red office address,	ity. nd complete pe gistered agent. I hereby confiri	rformance Or, if this m that the
ake	1 -		4/6/07		
(Signa	ature of Registered Agent)		(Date)		
If signing on beha	alf of an entity:				
	ped or Printed Name)	<del></del>			
	*	* * FILING FEE: \$35.0	0 * * *		

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314