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SECRETARY OF STATE
LLAHASSEE, FLORIDA

FILED 7011 -4 A 11: 39

JUN 05 2012

COVER LETTER

SUBJECT: The Shops of San Marco Dry office POA Inc
DOCUMENT NUMBER: NO3 000005303
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:
Venerifer Ingenit
Ing management onc
Firm/Company/
Ing Maxagemet Inc Firm/Company 10872 Grande Blod Address
Address
West Palu Black FL 33412_ City/State and Zip Code
Elmail address: (to be used for future annual report notification)
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Ven Inglint Name of Contact Person at (561, 358 - 2195) Area Code & Daytime Telephone Number
Enclosed is a \$35.00 check made payable to the Department of State.

Street Address: Amendment Section

Clifton Building

Division of Corporations

Tallahassee, FL 32301

2661 Executive Center Circle

Mailing Address:
Amendment Section

P.O. Box 6327

Division of Corporations

Tallahassee, FL 32314

CR2E045 (03-12)

TO:

Amendment Section Division of Corporations

STÄTEMENT 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
in order to change its registered office or registered agent, or both, in the State of Florida.
1. The name of the corporation: Me Shops of San Marco Prof Off POAT 2. The principal office address: 10872 Grandle Blud West Palm Black FL 33412
2. The principal office address: 10872 Grande Blud
West palm Black FL 33412
3. The mailing address (if different):
4. Date of incorporation/qualification: 6/19/2003 Document number: NO3 00000 5303
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)
Robert Crane
515 N. Flagler Drue 18th FL West Paen Black, Fr 33401
West pain Beach, Fr 33401
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):
10872 BRANTE BUL
West Palu Black, FL 334/2
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 Marc - Andre Basseau / Pres 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 (5) = Mail to: Division of Corporations, P.O. Box 6327, Tallahassee, Fizza 14
CR2E045 (03/12)