N08000001743

(Requestor's Name)					
(Address)					
(Address)					
(City/State/2	(ip/Phone #)				
PICK-UP V	VAIT MAIL				
(Business E	ntity Name)				
(Document Number)					
Certified Copies Ce	ertificates of Status				
Special Instructions to Filing Officer:					





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R.A.

TBrown 7-18-11

COVER LETTER

Amendment Section Division of Corporations

TO:

SUBJECT: Networking Hispanos Inc. Name of Corporation						
DOCUMENT NUMBER:	OCUMENT NUMBER: N0800001743					
The enclosed Statement of Char	ge of Registered Offi	ice/Agent and fee are	submitted for filing.			
Please return all correspondence	concerning this matt	er to the following:				
	Emma Name of C	del Real ontact Person				
Firm/Company						
23370 Sedawie Dr						
	Ac	ldress				
	Boca Rate City/State	on, Fl 33433 and Zip Code				
	info@networkinghispanos.com E-mail address: (to be used for future annual report notification)					
E-mail add	ress: (to be used for	future annual repo	rt notification)			
For further information concern	ing this matter, please	e call:				
Emma del Real at (561) 451-0761 Name of Contact Person Area Code & Daytime Telephone Number						
Name of Contac	t Person	Area Code a	z Daytime Telephone Number			
Enclosed is a \$35.00 check mad	e payable to the Depa	artment of State.				
Divisio	z Address: Iment Section on of Corporations ox 6327	Divisio	ddress: nent Section 1 of Corporations Building			

2661 Executive Center Circle

Tallahassee, FL 32301

Tallahassee, FL 32314

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

statement of cha	ange is submitted for a c	orporation organized	607.1508, or 617.1508, Flo I under the laws of the Stat I agent, or both, in the Stat	te of Florida
1. The name of	the corporation: Netw	orking Hispan	os Inc.	
			ca Raton, Fl 33433	
3. The mailing a	address (if different):			
4. Date of incorp	poration/qualification: _	02/20/2008	Document number:	N08000001743
	d street address of the curtment of State: (If resign		t and registered office on fi	le with the
	Resigned: Perez,	Isabel		
	7877 La Mirada D	r,		
	Boca Raton, FI 33	433		2011 TAL
6. The name and (if changed):	l street address of the ne	w registered agent (i	f changed) and /or registere	SECKETAR FALLARASS
	Emma del Real		· · · · · · · · · · · · · · · · · · ·	Fig. 3 II
	23370 Sedawie Di			STATE STATE
	Boca Raton, FI 33	P.O. Box NOT acc	eptable	— ROA — 46
The street addre	ess of its registered office be identical.	ce and the street add	ress of the business office	e of its registered agent,
Such change was authorized by the	as authorized by resolut ne board, or the corpora	ion duly adopted by tion has been notifie	its board of directors or led in writing of the chang	by an officer so e.
N VV	re of an officer or director	<u></u>	Isabel P	erez
I hereby accept I further agree t of my duties, an document is bei corporation has	the appointment as reg to comply with the prov d I am familiar with an ng filed merely to reflec s been notified in writin	istered agent and a isions of all statutes d accept the obligat ct a change in the re g of this change.	gree to act in this capacity relative to the proper an tion of my position as regi egistered office address, I	y. I complete performance stered agent. Or, if this hereby confirm that the
4	delle		07/13/	11
_	nature of Registered Agent		Date	
ii signing on be.	half of an entity:			
	voed or Printed Name			

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