

N080000005068

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(City/State/Zip/Phone #)

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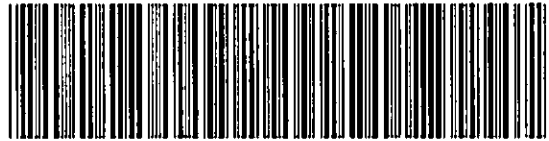
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TO: Amendment Section
Division of Corporations

SUBJECT: MINISTERIO DEALYENS EMBAJADORES DE CRISTO
Name of Corporation

DOCUMENT NUMBER: N08000005068

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:

JOSHKEL DE JESUS MARTINEZ MEDINA

Name of Contact Person

MIISTERIO DEALYENS EMBAJADORES DE CRISTO

Firm/Company

Address

City/State and Zip Code

AGNORIS14@HOTMAIL.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

NORIS MIREYA MARTINEZ

Name of Contact Person

at (561) 502-9077

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
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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TALLAHASSEE
FL
DEPARTMENT OF STATE

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 FLORIDA in order to change its registered office or registered agent, or both, in the State of Florida.

2. The principal office address: 1353 SUMMIT PINES BLVD # 5321 WEST PALM BEACH, FL 33415

4. Date of incorporation/qualification: 05/27/2008 Document number: N08000005068

1353 SUMMIT PINES BLVD # 5321 WEST PALM BEACH, FL 33415

P.O. Box NOT acceptable

MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR2E045 (04/13)