1/3562

(Re	equestor's Name)	
(Ac	ldress)	
(Ac	ldress)	
(Ci	ty/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Business Entity Name)		
(Document Number)		
Certified Copies	_ Certificate	s of Status
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SECRETARY OF STATE

COVER LETTER

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

TO:

Amendment Section

statement of change is submitted for a corporation organing in order to change its registered office or register. 1. The name of the corporation.	red agent, or both, in the State of Florida.
2. The principal office address: 12459.SW.	
3. The mailing address (if different):	
4. Date of incorporation/qualification:	Document number: N 13562
5. The name and street address of the current registered ag Florida Department of State:	ent and registered office on file with the
6. The name and street address of the new registered agent (if changed): Orgal Perez 19459. Sw. 130 st (P.O. Box NOT acceptable) Miari Fl 33180	t (if changed) and /or registered office
The street address of its registered office and the street as changed will be identical.	
Such change was authorized by resolution duly adopted authorized by the board of the corporation has been not such as the board of the corporation has been not such as the board of the corporation has been not such as the board of the corporation has been notified in writing of this change.	Angel Perce (President)
Ods Much	6-7-06
(Signature of Registered Agent) If signing on behalf of an entity:	(Date)
(Typed or Printed Name)	

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

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