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C LEWIS

• STATEMENT 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 constant of change is submitted for a corporation organized under the laws of the State of Trackles in order to change its registered office or registered agent, or both, in the State of Florida.
1. The name of the corporation: Jeen Pacient Aqueriano Para Herris 2. The principal office address: 1540 ME 173 MS Start, Motth Meanin Beach R 33162
3. The mailing address (if different):
4. Date of incorporation/qualification:
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) Rosacio Accounting a dammigation Scrvices
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed): Bertha Rosario 16953 NE DD Avanual Math Smiani Beach R 33/60 P.O. Box NOT acceptable
The street address of its registered office and the street address of the business office of its registered agents 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.
4 Noew Aquinous Woemi Acuiniano - Plassidient Signature of an officer or diffector 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, iffinis 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: Bentha losano Typed or Printed Name

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR2E045 (03/12)

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