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(Re	questor's Name)			
(Ad	dress)	· · · · · · · · · · · · · · · · · · ·		
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(City/State/Zip/Phone #)				
PICK-UP	WAIT	MAIL		
(Bu	siness Entity Nan	ne)		
, (Do	cument Number)			
Certified Copies	Certificates	s of Status		
Special Instructions to	Filing Officer:			
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COVER LETTER

TO: Amendment Section Division of Corporations
SUBJECT: Langlas & Carballo, P.A. (Name of corporation)
DOCUMENT NUMBER:
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:
Gustavo J. Lamelas (Name of contact person)
Lamelas & Carballo, P.A.
444 Brickell Ave. 5ta. 618
Miami FL 33131 (City/state and zip code)
For further information concerning this matter, please call:
Gustavo J. Lamelas at (286) 777-0350 (Name of contact person) (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 409 E. Gaines Street Tallahassee, FL 32399

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

		502, 617.0502, 607.1508, or 617.1508, Florida Statutes	
		ration organized under the laws of the State of <u>FLo</u> i ice or registered agent, or both, in the State of Florida.	<u> </u>
		elas & Carballo, P.A.	-
2. The principal	office address: 444 f	Brickell Aver, Ste 425	
	,		·-
4. Date of incor	poration/qualification:	Document number:	0140
	d street address of the current rtment of State:	t registered agent and registered office on file with the	ASSERT OF THAT
	Gustavo J	J, Lamelas	7-6 SERVE
	444 Brickel	L Ave. Ste. 618	PRP S
	Miami, FL	33131	PH 4: 05
6. The name and (if changed):	d street address of the new re	egistered agent (if changed) and /or registered office	NS.
	Gustavo J	. Lumelas	
	444 Brick (P.O. Box	ell Ave., Ste. 425 NOT acceptable)	
	Miamin FL	33131	
The street addr as changed wil	ress of its registered office and the identical.	nd the street address of the business office of its regis	stered agent,
Such change wanthorized by	as authorized by resolution the poard, or the corporation	duly adopted by its board of directors or by an office has been notified in writing of the change.	er so
Signal (Signal	Ture of an officer or director)	Gustavo Lamelas, l	licector
I hereby accep I further agree of my duties, a document is be corporation ha	t the appointment as registe, to comply with the provision and I am familiar with and ac- cing filed merely to reflect a as been notified in writing of	ered agent and agree to act in this capacity. This of all statutes relative to the proper and complete coept the obligation of my position as registered ages change in the registered office address, I hereby confits change.	performance nt. Or, if this firm that the
This	Signature of Registered Agent)	5 /5/05 (Date)	 .
If signing on b	ehalf of an entity:		
	(Typed or Printed Name)		, .

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