400000051807 WEBBPOINT CORP B.O. BOX 416651 MUMI, FL 33141

*****35.00 *****35.00

Office Use Only

Examiner's Initials

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1		
1(Corporation Name)	(Document #)	
2. (Corporation Name)	(Document #)	JALL SE
(Corporation Name)	(Document #)	JUN 16 CRETARY C
(Corporation Name) Walk in Pick up time	(Document #)	tified Copy
☐ Mail out ☐ Will wait	Photocopy	rtificate of Status
NEW FILINGS	<u>AMENDMENTS</u>	· · · · · · · · · · · · · · · · · · ·
 □ Profit □ Not for Profit □ Limited Liability □ Domestication □ Other 	Amendment Resignation of R.A., Office Change of Registered Agen Dissolution/Withdrawal Merger	
OTHER FILINGS	REGISTRATION/QUALIFIC	\ / / /\
☐ Annual Report ☐ Fictitious Name	☐ Foreign ☐ Limited Partnership ☐ Reinstatement ☐ Trademark ☐ Other	16268

CR2E031(7/97)

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,	-
the undersigned corporation organized under the laws of the State of FLORDA the undersigned corporation organized under the laws of the State of FLORDA the undersigned corporation organized under the laws of the State of FLORDA the undersigned corporation organized under the laws of the State of FLORDA the undersigned corporation organized under the laws of the State of FLORDA the undersigned corporation organized under the laws of the State of FLORDA the undersigned corporation organized under the laws of the State of FLORDA the undersigned corporation organized under the laws of the State of FLORDA the undersigned corporation organized under the laws of the State of FLORDA the undersigned corporation organized under the laws of the State of FLORDA the undersigned corporation organized under the laws of the State of FLORDA the undersigned corporation organized under the laws of the State of FLORDA the undersigned corporation organized under the laws of the State of FLORDA the undersigned corporation or the state of FLORDA the u	* . ** <u></u>
submits the following statement in order to change its registered office or registered agent, or both, in	
the State of Florida. 1. The name of the corporation is: WEBBPOINT COK!	**************************************
1. The name of the corporation is.	, T
2 - 2 : 11/171	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
2. The mailing address of the corporation is: P. O. Box 416651	· · <u></u>
MIAMI, FL 33/41	. 41120
3. Date of incorporation/qualification: 5/26/00 Document number: P000005/80	?
4. The name and address of the current registered agent and office:	
SPIEGEL & UTRERA, P.A.	
343 ALMERIA AVENUE	- <u></u>
393 ACMERIA AVENUE	
CORAL GABLES, FL 33134	
5. The name and address of the new registered agent and office: (P. O. Box Not Acceptable)	<u>.</u> .
PAULO LIMA	n .
25 SE LND AVE SUITE 305	F===
MIAMI, FL 33/3/-1509 79 37 3 17	7
The street address of its registered office and the street address of the business office of its registered agent, as changed, will be identical.	,
agent, 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.	
(Mayer)	1 - 1 e .
(Signature of an officer, chairman or vice chairman of the board) (Date)	
PAULO LIMA, PRESIDENT (Printed or typed name and title)	
(Printed or typed name and title)	
Having been named as registered agent and to accept service of process for the above stated corporation, 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	
I further agree to comply with the provisions of all statutes relative to the proper and complete 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.	. 1 1994 19 1
(fall) 6/8/2000	. *
(Signature of Registered Agent) (Date)	
If signing on behalf of an entity:	
(Typed or Printed Name) (Capacity)	₹ 4. <u>.abr.</u>
* * * FILING FEE: \$35.00 * * *	
CR2E045(7/97) Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	

DIVISION OF CORPORATIONS