4000000065965

Roberto Friguerelo 15845 SW 184 at Mishi, Fr. 33157

		Office Use Only
CORPORATION NAME(S) & DOCU		f known): \$6 8
(Corporation Name)	(Document #)	SEE. FI
Corporation Name)	(Document #)	6000033 536 2 -08/08/05 01011 012 ******35.00 *******35.00
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☐ Walk in ☐ Pick up time		Certified Copy
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NEW FILINGS	<u>AMENDMENTS</u>	· · · · · · · · · · · · · · · · · · ·
☐ Profit ☐ Not for Profit ☐ Limited Liability ☐ Domestication ☐ Other	Amendment Resignation of Change of Regi Dissolution/Wi Merger	
OTHER FILINGS	REGISTRATION	QUALIFICATION
☐ Annual Report ☐ Fictitious Name	Foreign Limited Partne Reinstatement Trademark Other	20
		Examiner's Initials

Florida Department of State, Jim Smith, Secretary of State

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 submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.
1a. The name of the corporation is: ADVAN to ge Florida Bahamas
The Charters Inc 1b. Date of incorporation 7/10/00 Document number P00000065965
2. The name and address of the current registered agent and office:
8440 SW 165 Torrect Minni, Floris 32157:
3. The name and address of the new registered agent and office: (P.O. Box Not Acceptable) Robert Onei (Piguege do)
15845 SW 144 ct Minu 33177 000 1
The street address of its registered agent and the street address of the business office of its registered 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. Desc Only Initial Registrated A 9 unto 10 km SIGNATURE Typed or printed name and title MORNO 10 km DATE
SIGNATURE Typed or printed name and title ///CRANCATOR
HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION AT THE PLACE DESIGNATED IN THIS CERTIFICATE, 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 ORLIGATION OF MY POSITION AS REGISTERED AGENT.

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

CR2E045 (7-91)

FILING FEE: \$35.00