120000071513

| (Requestor's Name) 6857 Long Needle Ct, -32. (Address) (Address) | 900022204589 |
|---|---|
| Ovlando, F 32872 (City/State/Zip/Phone #) PICK-UP WAIT MAIL | 09/03/0301068003 **35.00 |
| (Business Entity Name) (Document Number) Certified Copies Certificates of Status Special Instructions to Filing Officer: | 03 SEP -3 PH 4: 05 ALLAHASSEE, FLORIDA |

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TRANSMITTAL LETTER

| TO: Amendment Section Division of Corporations |
|--|
| SUBJECT: Des Clear Inc (Name of corporation) |
| DOCUMENT NUMBER: 2. 000000 71513 |
| 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: |
| Norman Lopez - Hruz (Name of person) |
| Dost clear Ivc (Name of firm/company) |
| P.O. Box 721235 (Address) |
| Or Lando FL 32872 (City/state and zip code) |
| For further information concerning this matter, please call: |
| Notice Lopes - Hing at (407) 902-8015 (Cell) (Name of person) (Area code & daytime telephone number) |
| Enclosed is a \$35.00 check made payable to the Department of State. |
| Mailing Address:Street Address:Amendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327409 E. Gaines StreetTallahassee, FL 32314Tallahassee, FL 32399 |

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

| Pursuant to the prov | risions of sections | : 607,0502,-61 | 7.0502, 607. | 1508, or 617.15 | 08, Florida S | tatutes, |
|--|---|---------------------------------------|-----------------|---|-----------------|--|
| this statement of cha. | | · · · · · · · · · · · · · · · · · · · | _ | • | • | |
| FLORIDA | _ in order to chai | ige its register | ed office or r | egistered agent, | or both, in th | ie State |
| of Florida. | $\overline{}$ | .1 (| | | <u> </u> | <u>ධ</u> |
| 1. The name of the co | | | _ | <u> </u> | 75-27 | 27 |
| 2. The principal offic | e address: 68 | 357 Lau | g Needl | e Ct. | | |
| | on | LLUNDO | PL 32 | 8 2 2 | ဟင္ဘဲ | دع السال |
| 3. The mailing addre | ss (if different): | P.O. B | OX 72 | 1235 | m _c | 7 701 |
| | _ | oryo | DO FL ? | 3287Z | | f U |
| 4. Date of incorporat | ion/qualification: | 07/24/2 | 000 Doc | cument number: | P. 000000 | 57 <i>1513</i> |
| 5. The name and stre Florida Departmen | | urrent register | ed agent and r | egistered office | on file with th | e |
| · | EDGARDO | Luis L | opez | (President) | | |
| | 6857 | long N | reedle Ct | | | · . · |
| | orla | UDO FL | 32822 | , | | - |
| 6. The name and street changed): | Nov 685 | · | pez - His | hanged) and /oi ربدع المال 3 ربدع المال | ا ۸ ا | ffice (if |
| | | Llau Do | FL 328 | フつ | | .= . |
| The street address o agent, as changed w | f its registered off ill be identical. | ice and the str | eet address o | the business of | _ | |
| Such change was au authorized by the bo | 14-14 | | . EDEN | 2 | lonez - | President |
| I hereby accept the of I further agree to co performance of my or registerful agent. O office affacts, I her | nink with the pro | visions of all s | statutes relati | ve to the proper | and complete | e d e. |
| (Signatur | e of Registered Agenti | <u> </u> | | (Date) | | |
| If signing on behalf of a | n entity: | | | | | |
| {Typed o | or Printed Name) | | . <u> </u> | (Capacity) | | ······································ |

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