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TRANSMITTAL LETTER

TO: Amendment Section Division of Corporations	
SUBJECT: CEDCO CONSULTANTS ORP. (Name of corporation) DOCUMENT NUMBER: P 000000 81558	
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: RICHARD LOTHARIUS (Name of person)	
CEDCO CONSULTANTS CORP. (Name of firm/company) 7700 N. KENDALL DRIVE SCITE 304 (Address)	
Miami Florida 33156 (City/state and zip code)	
For further information concerning this matter, please call: CHARD LOTHARIUS at (305) 665 2681 (Name of 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 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 statement of change is submitted for a corporation organized under the laws of the State of
FLORIDA in order to change its registered office or registered agent, or both, in the State
of Florida.
1. The name of the corporation: EDCO CONSCLTANTS CORO.
2. The principal office address: 312 MINDECA AVE # 1050
CORAL CABLES, FLORIDA 33134
3. The mailing address (if different):
4. Date of incorporation/qualification: 08/24/00 01/23/02 Document number: P000000 81558
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:
Evi lermo EDENO
21113 Range Const
3413 DAVOS COOK!
CORAL CABLES, FL 33134
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed): Compared Compar
7700 N. KENDALL DRIVE Suite 304 (P.O. Box or personal mailbox NOT acceptable)
MATAMI, FLORIDA 33156
The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.
Such change was anthorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the obrigation has been notified in writing of the change.
(Signature of an officer, chairman or vice chairman of the board) (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. On, if this 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 Signature of Registered Agent Signature of Registe
If signing on behalf of an entiry!
(Typed or Printed Name) (Capacity) SSE O TO THE STATE OF
MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE AND MAIL TO:
Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314