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Special Instructions to	Filing Officer	
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SECKSTARY OF STATE
TALLAHASSEE, FLORIDA

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COVER LETTER

Division of Corporations										
SUBJECT: Projection Jave-1 < Engineering inc. (Name of Corporation)										
DOCUMENT NUMBER: P0000083685										
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:										
MIGUEL A. CLAVITO. (Name of Contact Person)										
(Name of Contact Person)										
PROPERTE INVENMENT L ENGINEERING, INC. (Firm/Company)										
1808 SW 9 ST # E (Address)										
PORT LANDERDACE, 12. 3331Z (City/State and Zip Code)										
For further information concerning this matter, please call:										
(Name of Contact Person) at (954) 618-0507 (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 Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301										

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

statement of char	rovisions of section	or a corporat	on org	anized u	nder the	e laws o	f the Stat	e of FLO	RIDA	 .
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3. The mailing ac	ldress (if different):				· 				
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authorized by th	s authorized by re board, or the co	rporation ha	s been	notified	in writ	ing of t	he chang	e.	,, 30	
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I hereby accept to I further typee to of my duties, and accument is being corporation has	e of an officer or director he appointment to be comply with the I I am familiar wi g filed merely to been notified in v	•	agent of all si of the o onge in s chang							
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If signing on beh	alf of an entity:									
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* * * FILING FEE: \$35.00 * * *