

City/State/Zip Phone #	-
COF STATE LENDING CORPORATION 9835 Sunset Drive, Suite 108 Miami, Florida 33173	
1(Corporation Name)	(Document #)
2(Corporation Name) 3.	(Document #) 500059346259 -06/24/0201078022 *****35.00 ******35.00
(Corporation Name)	(Document #)
4. (Corporation Name)	(Document #)
	Photocopy Certificate of Status AMENDMENTS Amendment Resignation of R.A., Officer/Director Change of Registered Agent Dissolution/Withdrawal Merger REGISTRATION/QUALIFICATION
OTHER FILINGS	REGISTRATION/QUALIFICATION SOME
Annual Report Fictitious Name	Foreign Limited Partnership Reinstatement Trademark Other
	Examiner's Initials
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 L/DRIDA
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: M. M. A. MEDICAL Supplies, In
Territories Deportes De
2. The mailing address of the corporation: 242 5w 137 Ave.
HIBMI FLORIDA 33176
3. Date of incorporation/qualification: 11/09/2000 Document number: P0000010520
4. The name and address of the current registered agent and office:
AMARILIS RODRIGUEZ
2412 SW 137 AN
MIAMI, FLORIDA 33175 ES D
5. The name and address of the new registered agent (if changed) and/or registered office (if changed):
(P. O. Box Not Acceptable)
- MISALENA PALCON
- 942 SW 137 AW.
- MIDMI, FlORIDA 33175
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 authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board.
(Signature of an officer, chairman or vice chairman of the board) (Date)
HMARI/15 RODRIGUES
(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 verformance of my duties, and I am familiar with and accept the obligation of my position as
6-14-2002
(Date)
signing on behalf of an entity: THEON.
(Typed or Printed Name) (Capacity)
* * * FILING FEE: \$35.00 * * *

CR2E045(9/00)

DIVISION OF CORPORATIONS

P.O. Box 6327

TALLAHASSER, FL 32314