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CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

(Corporation Name)	(Document #)	• • · · · · · · · · · · · · · · · · · ·
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NEW FILINGS	AMENDMENTS	
Profit Not for Profit Limited Liability Domestication Other	Amendment Resignation of R.A., Officer/Director Change of Registered Agent Dissolution/Withdrawal Merger	-
OTHER FILINGS	REGISTRATION/QUALIFICATION	
Annual Report Fictitious Name	Foreign Limited Partnership Reinstatement Trademark Other	Jan 190

CR2E031(7/97)

Examiner's Initials

STETEMENT 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 FLORIDA
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: GIBNACTAR GROUP, TNC.
2. The mailing address of the corporation: 15588 SW 62 STREET,
MIAMI, FL 33193-2588
3. Date of incorporation/qualification: 11/14/2000 Document number: PODE 00/0607
4. The name and address of the current registered agent and office:
1/SSETTE RODRIGUES 語音
200 S. BISCHANEBLUD., #4600
MIAM 1, FL 33131
5. The name and address of the new registered agent (if changed) and/or registered office (if changed) (P. O. Box Not Acceptable)
GABRIEZ S. DIAZ-SARMIENTO, CPA, PA
15588 SW 62 STREET
MIAMI, FC 33/93.
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 chair of the file of the state o
(Signature of an officer, chairman or vice chairman of the board) (Date)
4015 GRUS TABORD 4 SAMPER- TRESIDENT (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 performance of my duties, and I am familiar with and accept the obligation of my position as registered agent.
Dleis General Agent) (Date)
If signing on behalf of an entity:
6ABRIEZS. DIAZ-SALMIEUTO, CPA - PRESIDENT (Typed or Printed Name) (Capacity)
* * * FILING FEE: \$35.00 * * *

CR2E045(9/00)

DIVISION OF CORPORATIONS

P.O. Box 6327

TALLAHASSEE, FL 32314