

Division of Corporations Public Access System

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To;

Division of Corporations

Fax Number

: (850)205-0380

From:

Account Name

: EMPIRE CORPORATE KIT COMPANY

Account Number : 072450003255

: (305)634-3694

Fax Number

: (305)633-9696

REGISTERED AGENT CHANGE

AMANECER SIN DEUDAS, INC.

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$35,00

DEC-59-5995 19: 18

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
FLOA-1DA in order to change its registered office or registered agent, or both, in the State
of Florida.
1. The name of the corporation: AMANECER SIN DENDAS, INC.
2. The principal office address: 3519 WEST HILLSSONO POULSVALS
DEERFIELD BEACH, FL 33442
3. The mailing address (if different): CYANGE TO AGONE ADDRESS
4. Date of incorporation/qualification: 3/9/0/ Document number: Pologo 24883
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:
ANTHONY G. COLEMAN JE.
3275 D. HIUSBINO BOULEVAND # 207
DERLEIELD BEACH FL 33442 TO 5
6. The name and street address of the new registered agent (if changed) and for registered office (III) changed):
Jose ASTILO 3519 West fix speni Sovience (P.O. Box or personal mailbox NOT socieptable)
(P.O. Box or personal mailbox NOT acceptable)
DEUFIELD BEACH FL 33442
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, or the corporation has been notified in writing of the change.
(Signature of an officer, chantman or vice chantman or the board) 1055 (ASTILLO 1Printed of types name and this)
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. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm (hat the corporation has been notified in writing of this change.
(Signature of Registered Agent) (Date)
If signing dn behalf of an entity:
(Typed or Printed Name) (Capacity)
*** FILING FEE: \$35.00 * * *

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE AND MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 5327, TAILAHASSEE, FL 32314

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