## 201000054536

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C. Coulliette OCT 1 5 2007

## **COVER LETTER**

TO:	Amendment Section Division of Corporations			
CI ID II	JECT: DEL VAL PUBLISHING CORPORAT	TION		
SODJI	(Name of Corpor	ation)		
DOCU	UMENT NUMBER: P01000054536			
The en	nclosed Statement of Change of Registered Office/Age	ent and fee are submitted for filing.		
Please	e return all correspondence concerning this matter to the	ne following:		
	Robert Bigge			
	(Name of Contact	Person)		
	Di O Di Ada a Affassa a akka			
Bigge & Rodriguez, Attorneys at Law (Firm/Company)				
	2101 North Andrews Ave. (Address)			
	· (Addiess)			
	Wilton Manors, FL 33311			
	(City/State and Zi	p Code)		
For fur	urther information concerning this matter, please call:			
Rober	ert Bigge at	(954) 565-5854 (Area Code & Daytime Telephone Number)		
	(Name of Contact Person)	(Area Code & Daytime Telephone Number)		
Enclos	osed is a \$35.00 check made payable to the Department	of State.		
	Mailing Address:	Street Address:		
	Amendment Section	Amendment Section		
	Division of Corporations P.O. Box 6327	Division of Corporations Clifton Building		
	Tallahassee, FL 32314	2661 Executive Center Circle		
		Tallahassee, FL 32301		

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

statement of cha	nge is submitted for a corporation	organized under the laws of the State of Florid	la
1. The name of t	he corporation: DEL VAL PUBLISH	HING CORPORATION	
3. The mailing a	ddress (if different):		
4. Date of incorp	JUAN C IBANEZ DE ALDECOA  c/o R Bigge 2101 North Andrews Ave.  (P.O. Box NOT acceptable)  Wilton Manors, FL 33311  cess of its registered office and the street address of the business office of its registered agent, I be identical.  The identical of the composition has been notified in writing of the change.  Juan C IBanez de Aldecoa, President  (Printed or typed name and title)  If the appointment as registered agent and agree to act in this capacity, to compty with the provisions of all statutes relative to the proper and complete performance and find and familiar wills and accept the obligation of my position as registered agent. Or, if this are provised in writing of this change.  (Doto 1)  (Date)		
		ered agent and registered office on file with the	
	JUAN C IBANEZ DE ALDE	COA	
	599 SAWGRASS CORPO	RATE PKWY	
	SUNRISE FL 33325		
6. The name and (if changed):	_		07 OCT SECRET TALLAHA
	<u> </u>		
			P A
	Wilton Manors, FL 33311		TATE ORDE
The street address changed will	ess of its registered office and the be identical.	street address of the business office of its reg	istered agent,
			lent
		, ,,	e performance ent. Or, if this nfirm that the
		/ /	
(Si	gnature of Reputered Agent)	(Date)	
If signing on be	chalf of an entity:		
	//	_	
	Typed or Printed Name)		

\* \* \* FILING FEE: \$35.00 \* \* \*