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COVER LETTER

| TO: Amendment Section Division of Corporations |
|--|
| SUBJECT: YELLOW SAIRT INC (Name of corporation) |
| DOCUMENT NUMBER: POI 0000 5 4 5 9 3 |
| 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: |
| MERCEDES VAZQUEZ (Name of contact person) |
| YELLOW SHIRT INC (Firm/Company) |
| 12011 SW 94ST (Address) |
| MIAM FL 33186 (City/state and zip code) |
| For further information concerning this matter, please call: |
| MERCEDES VAZQUEZ at (786) 258-3309 (Name of contact person) (Area code & daytime telephone number) |
| Enclosed is a \$35.00 check made payable to the Department of State. |

Street Address: Amendment Section Division of Corporations 409 E. Gaines Street Tallahassee, FL 32399

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

| Pursuant to the provision | ns of sections 607.0502 | 2, 617.0502, 607 | 7.1508, or 617. | .1508, Floride | a Statutes, this | : 21DA |
|---|--|---|---|--|--|--|
| statement of change is st | ubmittea jor a corporai nge its registered office | non organizea u e or registered a | naer tne taws gent, or both, . | of the State of in the State of | Florida. | |
| 1. The name of the corpo | oration: YELL | OW SHI | RT, INC | C., | _/ = = | |
| 2. The principal office a | | 1 5W | 9457 | | | |
| MIA | 10 | 30 | 186 | | | |
| 3. The mailing address (| if different): | | | <u> </u> | | |
| | | - <u>-:</u> | | :- <u>.</u> | e di la companya di santa di s | |
| 4. Date of incorporation | qualification: 06- | 01-01 | Document nui | nber: _PC | 10000 | 54593 |
| 5. The name and street a Florida Department o | | _ | | | with the | 0,0 |
| | 18437 | SW 1 | 5457 | | AHAS | 01 2 |
| | 10117414 | 1. FL | \$310, | <u>/</u> | <u> </u> | |
| | | <u></u> | -Frs | | | ان الله الله الله الله الله الله الله ال |
| 6. The name and street a (if changed): | address of the new regis | stered agent (if o | changed) and / | or registered o | ORIDA ORICA | : 21 |
| | 12011 9 | W 94 | 57 | | : - : | '- |
| · | MIAMI | FL 33 | 186 | | | + - |
| | (P.O. Box No | OT acceptable) | | | | |
| | <u>.</u> | | | <u> </u> | <u></u> | د. د. د |
| The street address of it as changed will be ider | s registered office and ntical. | the street address | ess of the busi | ness office o | f its registered | d agent, |
| Such change was authorized by the board | prized by resolution du d, or the corporation h | ily adopted by as been notified | its board of di I in writing of | rectors or by the change. | an officer so | |
| Turcedis laka | ueX) | | MERC | EDE8 | VAZQU | EZ |
| (Signature of an)c | olister of director) | d agent and ag | (Printe | ed or typed name a his canacitu | | |
| I hereby accept the app I further agree to come of my duties, and I am document is being filed corporation has been r | oly with the provisions familiar with and acc familiar with and acc I merely to reflect a ch notified in writing of th | of all statutes of all statutes in the obligation of the colling in the regards change. | relative to the on of my posit istered office | proper and co ion as registe address, I he | complete perf ered agent. C reby confirm | ormance or, if this that the |
| Mornovertolox | as the same of the | | 10 |) - 20 - 2 | 2004 | |
| (Signature of | Registered Agent) | _ | | (Date) | <u> </u> | |
| If signing on behalf of | an entity: | | | | | |
| | | <u> </u> | sáir e | , | | ٠ |
| (Typed or I | rinted Name) | | | | | |

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