## POCOCO 68573

- PRI (orl GRANDON) 51=308 - KB, FL 33149

CR2E031(7/97)

Office Use Only

Examiner's Initials

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(Corporation Name)	(Document #)
(Corporation Name)	(Document#) <b>900004636579</b> —8 -10/15/01—01057—010 *****35.00 *****35.00
(Corporation Name)	(Document #)
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☐ Walk in ☐ Pick up time _ ☐ Mail out ☐ Will wait	Certified Copy  Photocopy  Certificate of Status
EW FILINGS	<u>AMENDMENTS</u>
Profit Not for Profit Limited Liability Domestication Other THER FILINGS	Amendment  Resignation of R.A., Officer/Director  Change of Registered Agent  Dissolution/Withdrawal  Merger  REGISTRATION/QUALIFICATION
Annual Report Fictitious Name	Foreign Limited Partnership Reinstatement Trademark

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

			08, or 617.1508, Florida Statutes,
submits the foll the State of Flo	rida.	change its registered off	ice or registered agent, or both, in
i. The name of	the corporation : Trich	iolde Kencia	INTERPRITORIE, IDE
2. The mailing	address of the corporation:	# 104 CE	ANDON BLUD., SMITE
	KEY BISCAYN		
3. Date of inco	rporation/qualification: 7	/12/01 Docu	ment number: PO1000068573
	d address of the current regis	stered agent and office:	•
	NATALIA UTREP	LA, UP, SPIEGEL &	UTRERA. PANO ON
	1840 CORAL 1	WAY, \$4TH F	rook The
	miAmi, Fr	33145	THE PARTY OF THE P
5. The name an	d address of the new register	ed agent (if changed) and Box Not Acceptable)	NTREPA, PA
	WILLIAM H. C	÷ ′	
	104 CRANDON	BZUD SMITE	308
		DE 15 3314	
The street addr agent, as chang		•	ne business office of its registered
Such change wanthorized by	as authorized by resolution of helboard.	duly adopted by its board	of directors or by an officer so
Wal	len Hos		7/20/2/ (Date)
	of an officer, chairman or vice chairm		(Date)
WILLIA	(Printed or typed name and title	, MESIDENT	
Having been no corporation, I i I further agree	amed as registered agent and hereby accept the appointme to comply with the provision fmy duties, and Van familia	d to accept service of pro ent as registered agent ar ns of all statutes relative	nd agree to act in this capacity. to the proper and complete
hal	Sen Hart	•	7/20/01
(5	Signature of Registered Agent)		(Date)
If signing on beha	If of an entity:		
(	Typed or Printed Name)		(Capacity)
	* * * FIL	.ING FEE: \$35.00 * * *	

CR2E045(9/00)