

Florida Department of State

Division of Corporations

Electronic Filing Cover Sheet

Electronic Filing Cover Sheet

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: (850) 205-0380

From:

: RAUL RICARDO, C.P.A. Account Name

Account Number : I19990000200 : (305)825-4777 Phone : (305) B24-4997 Fax Number

REGISTERED AGENT CHANGE

DISCOVERY INTERNATIONAL SERVICES CORP.

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$35.00
Estimated Company	

Electronic Filing Menu

Corporate Filing

Public Access Help

https://ccfss1.dos.state.fl.us/scripts/efilcovr.exe

8/16/01

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

Pursuant to the provisions of sections 607.0502, 617.0502, the undersigned corporation organized under the laws of the L	607.1508, or 617.1508, Florida Statutes, State of Florida
submits the following statement in order to change its registe the State of Florida.	
1. The name of the corporation: Discovery Interna	ational Services Corp.
 The mailing address of the corporation: 1840 W. 494 33012 	th St., #220-1, Hialeah, FL
3. Date of incorporation/qualification: 8/13/01	Document number: P01000079557
4. The name and address of the current registered agent and of	
Giovany Buendia	200
8500 S.W. 133 Avenue, Suite	
Miami, Florida 33183	∍ #319
5. The name and address of the new registered agent (if change (P. O. Box Not Acceptal	ed) and/or registered office (if changed):
Giovany Buendia	
_ 1840 W. 49th St., Suite #22	20-1
Hialeah, Florida 33012	
The street address of its registered office and the street address agent, as changed, will be identical.	ss of the business office of its registered
Such change was authorized by resolution duly adopted by its authorized by the board.	board of directors or by an officer so
(Signature of an officer, chairman or vice chairman optic (sard)	8/16/01 (Date)
	(Dite)
Giovany Buendia, President (Printed or typed name and title)	- Alleria de
Having been named as registered agent and to accept service corporation, I hereby accept the <u>appointment</u> as registered as further agree to comply with the provisions of all statutes reperformance of my duties, and I am familiar with and accept registered agent.	of process for the above stated zent and agree to act in this capacity. lative to the proper and complete the obligation of my position as
	8/16/01
(Signature of Registered Agent)	(Date)
f signing on behalf of an entity:	
(Typed or Printed Name)	(Capacity)
* * * FILING FEE: \$35.00) * * *
78.7F/145/9/M01	,

DIVISION OF CORPORATIONS

P.O. Box 6327

TALLAHASSEE, FL 32314