	DOCUMENT # 1. Entity Name RIZVI II, INC.		(ÜB		Mar 10, 2002 8:00 ar Secretary of State 01-30-2002 90099 016 ***150.00							
2. Princips Place of Business  Suite, Apt. #, etc.  Suite, Apt. #, etc.  DO NOT WRITE IN THIS SPACE  City & State  Country  Country  S. Conflictate of Status Desired  B. Name and Address of Current Registered Agent  Name  CAPOTE, BEATRIZ M  7. Name and Address of Status Desired Agent  Name  CAPOTE, BEATRIZ M  7. Name and Address of New Registered Agent  Name  CAPOTE, BEATRIZ M  Same Address (P.O. Box Nambur is Not Acceptable)  City — FL Zio Code  8. The above named entity submits this genoment for the purpose of changing its registered clice or registered agent, or both, in the State of Rorida.  SGNATURE  South, type is prince runs of registered agent are use in a common for the purpose of changing its registered clice or registered agent, or both, in the State of Rorida.  SGNATURE  South, type is prince runs of registered agent are use in acceptable to the purpose of changing its registered clice or registered agent, or both, in the State of Rorida.  SGNATURE  South, type is prince runs of registered agent are use in acceptable to the purpose of changing its registered clice or registered agent, or both, in the State of Rorida.  SGNATURE  SOUTH THE NOW!!! FEE IS 150,00  Make Check Payable to Department of State  10. Election Campaign Financing Trust Fund Contribution.  STATE AGENTS  Trust Fund Contribution.  STATE AGENTS  SUN RISE  SUN RISE  SUN RISE  Change   Addition MAKE MAKE AGENT AGE	Principal Place of Business		Mailing Address									
Sufe, Apt. #, etc.  Sufe, Apt. #, etc.  Sufe, Apt. #, etc.  Sufe, Apt. #, etc.  DO NOT WRITE IN THIS SPACE  City & State  City & State  City & State  City & State  Country  Country  Country  Country  Country  Country  Street Address of Current Registered Agent  To Name and Address of Current Registered Agent  Name  CAPOTE, BEATRIZ M  789 BRICKELL PLAZA SUITE 700  MIAMI FL 33131  City  FL Zip Code  8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida.  Signature  Symmetry and premier area of received reme of received agent and this depokable.  PLE NOW!!! FEE IS \$180.00  After May 1, 2002 Fee will be \$550.00  After May 1, 2002 Fee will be \$550.00  Trust Flag requirement and elects to do so.  After May 1, 2002 Fee will be \$550.00  Trust Flag requirement and elects to do so.  After May 1, 2002 Fee will be \$550.00  After May 1, 2002 Fee will be \$550.00  Trust Flag requirement and elects to do so.  After May 1, 2002 Fee will be \$550.00  Trust Flag Controlled from the Address of Country  Address Check Psyable to Department of State  Trust Flag Controlled from the Address of Change   Address of Cha				N5			<u> </u>	DIAL MUN AUNI ARI	1 <b>2016</b> 1 <b>21011 0</b> 1	fal âlbu eadh	<b>1638</b> ( <b>3</b> ()) ( <b>83</b> )	
City & State  City & State  Country  Country  Country  Country  Country  S. Certificate of Status Desired  State Status Desired  Sta	2. Principal Place of Business		3. Mailing Address	<del></del>	_							
Note Applicable   Section   Sectio	Suite, Apt. #, etc.		Suite, Apt. #, etc.					DO NOT WRITI	E IN THIS S	PACE	_	
6. Name and Address of Current Registered Agent 7. Name and Address of Now Registered Agent 8. The Address (P.O. Box Number is Not Acceptable)  City	City & State		City & State			4. F	El Number					_
CAPOTE, BEATRIZ M 799 BRICKELL PLAZA SUITE 700 MIAMI FL 33131  City FL Zip Code  8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.  SIGNATURE  Sowara, typed of primed name of registered agent and table 4 spokulation.  OFFICERS AND DIFFECTORS  Inter May 1, 2002 Fee will be \$550.00  After May 1, 2002 Fee will be \$550.00  After May 1, 2002 Fee will be \$550.00  Alter May 1, 2002 Fee will be \$550.00  ARE Make Check Payable to Department of State  NAME  NAME  SIRET ADRESS  SUN RISE FL 333357  OTV-ST-2P  TILL  NAME  SIRET ADRESS			·	Count	ry					ee Require		]
Signature  B. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.  Signature, typed or primed name of explained agent and the flackbulb.  OVET. Registered Agent agent, or both, in the State of Florida.  Signature, typed or primed name of explained agent and the flackbulb.  OVET. Registered Agent agent, or both, in the State of Florida.  Signature, typed or primed name of explained agent and the flackbulb.  OVET. Registered Agent agent, or both, in the State of Florida.  Signature, typed or primed name of explained agent and the flackbulb.  OVET. Registered Agent, or both, in the State of Florida.  Signature required agent, or both, in the State of Florida.	6. Name and A	Address of Current R	egistered Agent		Name	7. N	iame and Addr	ess of New Re	gistered A	gent		4
### PRECADES SUPERIORS SUPERIORS AND DIRECTORS IN STREET ADDRESS SUPERIORS S	CAPOTE, BEATRIZ M		<del></del>		Street A	ddress (P.O. B	lov Number is N	Int Acceptable	<del></del>			┨
City FL Zip Code  City FL Zip	799 BRICKELL PLAZA SUITE 700				5000							-
A. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.    Signature	MIAMI FL 33131					·				T = -		_
SIGNATURE  Synamus, typed or printed name of registered agent and the 4 systection. (NOTE Registered Agent signature required when reinstative)  B. This corporation is eligible to satisfy its intangible Tax filing requirement and elects to do so. (See criteria on back)  B. This corporation is eligible to satisfy its intangible Tax filing requirement and elects to do so. (See criteria on back)  B. This corporation is eligible to satisfy its intangible Tax filing requirement and elects to do so. (See criteria on back)  B. This corporation is eligible to satisfy its intangible Tax filing requirement and elects to do so. (See criteria on back)  B. This corporation is eligible to satisfy its intangible Tax filing requirement and elects to do so. (See criteria on back)  B. This corporation is eligible to satisfy its intangible Tax filing requirement and elects to do so. (See criteria on back)  B. This corporation is eligible to satisfy its intangible Trust Fund Contribution. (See criteria on back)  B. This corporation is eligible to satisfy its intangible Trust Fund Contribution. (See criteria on back)  B. This corporation is eligible to satisfy its intangible Trust Fund Contribution. (See criteria on back)  B. Added to Fees State Added to Fees Add		<u> </u>			City 		<u> </u>		FL	Zip Cod	e 	
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