

PO10000116541

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

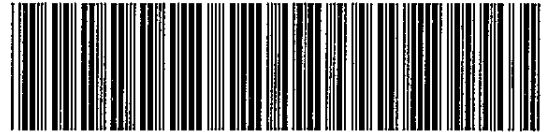
(Business Entity Name)

(Document Number)

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Change

12/17/04--01072--002 \*\*35.00

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04 DEC 17 PM 12:16  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

ADR  
12/22/04

## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** ASTOR GROUP INC.  
(Name of corporation)

**DOCUMENT NUMBER:** P01000116541

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:

MARIANELA SUAREZ  
(Name of contact person)

\_\_\_\_\_  
(Firm/Company)

1300 BRICKELL AVE.  
(Address)

MIAMI, FL 33131  
(City/state and zip code)

For further information concerning this matter, please call:

MARIANELA SUAREZ at ( 305 ) 679-5880  
(Name of contact person) (Area code & daytime telephone number)

Enclosed is a \$35.00 check made payable to the Department of State.

**Mailing Address:**  
Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

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

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

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of FLORIDA \_\_\_\_\_ in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: Astor Group, INC.
2. The principal office address: 1300 BRICKELL AVE. MIAMI, FL 33131
3. The mailing address (if different): CARE OF SANTIAGO STEED  
1300 BRICKELL AVE. MIAMI, FL 33131
4. Date of incorporation/qualification: 12/10/2001 Document number: PD000116541
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:

**JUAN PABLO BAYONA**

1300 BRICKELL AVE.

MIAMI, FL 33131

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

MILAGROS SANCHEZ

1300 BRICKELL AVE

(P.O. Box NOT acceptable)

MIAMI, FL 33131

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

(Signature of an officer or director)

Theresa Dwyer  
(Printed or typed name and title)

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.

(Signature of Registered Agent)

11/30/04  
(Date)

If signing on behalf of an entity:

(Typed or Printed Name)

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

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE  
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314