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RA ROCH8
(10, 8) 5/09

COVER LETTER

TO:	Amendment S Division of C			
SUB	JECT:	VENALI, Name of C		
DOC	UMENT NUM	BER: P02	000003595	
The e	nclosed Stateme	nt of Change of Registered Office	e/Agent and fee are submi	tted for filing.
Pleas	e return all corre	spondence concerning this matter	to the following:	
		DOUGLAS	L. O'KEEFE	
		Name of Co	ntact Person	
			•	
	_			
		Firm/Co	ompany	
		400E DDIOVELL A	JENUIE OLUTE 700	
	_	1395 BRICKELL A\ Add		
			. • • • • • • • • • • • • • • • • • • •	
		MIAMI, F	: 33131	
	_	City/State ar	nd Zip Code	
		daka afa @an		
	- F.	dokeefe@cr mail address: (to be used for f	gpiaw.com uture annual renort noti	fication)
			atare aminati report non	nousion)
For fi	urther informatio	on concerning this matter, please of	call:	
		GLAS L. O'KEEFE of Contact Person	at (305)	372-7475 ime Telephone Number
	Name	or Contact I cison	Area Code & Dayt	ine retephone (4uniber
Enclo	osed is a \$35.00 o	check made payable to the Depart	tment of State.	
		Moiling Address	C4 i	
		Mailing Address: Amendment Section	Street Address Amendment S	<u>:</u> ection
		Division of Corporations	Division of Co	-
		P.O. Box 6327	Clifton Buildi	
		Tallahassee, FL 32314	Z661 Executiv Tallahassee, F	ve Center Circle L 32301

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

statement of cha	ange is submitted for a co	orporation organizea	07.1508, or 617.1508, Flo l under the laws of the Stai l agent, or both, in the Stai	te of Florida
1. The name of	the corporation: VE	ENALI, INC.	ve, Suite 250, Miami,	
2. The principal	office address:_ 0100	blue Lagoon bir	ve, Suite 230, Milanii,	1 2 33120
3. The mailing a	address (if different):			
4. Date of incor	poration/qualification: _	01/10/2002	Document number:	P02000003595
	d street address of the curtment of State: (If resign		t and registered office on f	ile with the
	CT Corporation S	ystem		
	1200 South Pine I	sland Rd., Suite	250	
	Plantation, FL 333	324		
6. The name and (if changed):	d street address of the ne	ew registered agent (i	f changed) and /or register	ed office OP AUG 24 AM 11: 14
	DOUGLAS L. O'K	EEFE, Registere	ed Agent	
	1395 Brickell Aver			
	Miami, FL 33131	P.O. Box NOT acc	ceptable	
The street addr		ice and the street add	dress of the business offic	ee of its registered agent,
Such change wauthorized by t	as authorized by resoluthe board, or the corporate	tion duly adopted by ation has been notifi	y its board of directors or led in writing of the chan	by an officer so ge.
(ure of an object or director		John Poncy C	.E0
I further agree of my duties, at document is be	t the appointment as re to comply with the pro nd I am familiar with a ing filed merely to refle is been notified in writi	visions of all statute nd accept the obliga ect a change in the r	igree to act in this capaci s relative to the proper a tion of my position as reg egistered office address,	ty, nd complete performance vistered agent. Or, if this I hereby confirm that the
- 51	gpature of Registered Agent		7/31/09 Date	
If signing on b	ehalf of an entity:			
Dous	Slas L. (<u> D'Keefe</u>		

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314 CR2E045 (8/05)

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