Tenick	Inc.	7263		
- Jeffre	Horta SW 114 TR Fl 33196		· · · · · · · · · · · · · · · · · · ·	PH-3:49
			Office Use Only	٠
ORPORATION N	AME(S) & DOCU	MENT NUMBER(S), (i	if known):	
(Corpo	oration Name)	(Document #)	000006199576 -07/03/0201047- *****35.00 *****	ე——□ 004 *35.00
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■ Walk in■ Mail out	☐ Pick up time _ ☐ Will wait	Photocopy	Certificate of Status	÷ ;
NEW FILINGS		AMENDMENTS		
Profit Not for Profit Limited Liability Domestication Other		Amendment Resignation of Change of Reg Dissolution/Wi Merger		
OTHER FILING	<u>S</u> ,	REGISTRATION	QUALIFICATION	
☐ Annual Repor	t	☐ Foreign ☐ Limited Partne	ership RAChq.	

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

the undersigned corporation organized under the laws of the State of Florida Statutes,
submits the following statement in order to change its registered office or registered agent, or both, in
the State of Florida.
1. The name of the corporation: Jenick Inc
2. The mailing address of the corporation: 6206 S.W 147 Plc Cincle Miami, FL 3193
3. Date of incorporation/qualification: Mach 11, 2002. Document number: PO200026366
4. The name and address of the current registered agent and office:
Ela Melendez
1203 SW 87th Ave
Miami, FC 33144
5. The name and address of the new registered agent (if changed) and/or registered office (if changed): (P. O. Box Not Acceptable)
Deffrey Horta
14841 (1) 114 Terrace
- Miami, FC 33196
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
Left (ey Honta President Deft (ey Honta President)
(Printed or typed name and title)
Having been named as registered agent and to accept service of process for the above stated corporation, 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
(Signature of Registered Agent) (Signature of Registered Agent)
If signing on behalf of an entity:
(Typed or Printed Name) (Capacity)
* * * FILING FEE: \$35.00 * * *

CR2E045(9/00)