## P0200059938

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SECRETARY OF STATE
TALLANDS SEE, FLORIDA

## **COVER LETTER**

TO: Amendment Section Division of Corporations
SUBJECT: GUEMES INJESTMENTS COPP. (Name of corporation)
DOCUMENT NUMBER: PO 20000 59938
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 (Name of contact person)  at (305) 679-5880 (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

statement of change is	isions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statu is submitted for a corporation organized under the laws of the State of FLOF change its registered office or registered agent, or both, in the State of Florid	RIDA
1. The name of the cor	orporation: GULMES INVESTMENTS CORP	
2. The principal office	e address: 1300 BRICKELL AVE. MIAMI, FL 33131	
	ss (if different): CARE OF SANTIAGO STEED  AVE. MIAMI, FL 33131	
4. Date of incorporation	ion/qualification: 5 30 2002 Document number: PO 20	00059938
5. The name and street Florida Department	et address of the current registered agent and registered office on file with the at of State:	· 04
1AUL	N PABLO BAYONA ER	居 円
1300	0 BRICKELL AVE.	5 5
MIA	الله الله الله الله الله الله الله الله	是日
6. The name and stree (if changed):	et address of the new registered agent (if changed) and /or registered offices	12: 56 12: 56
MILA	AGROS SANCHEZ	
1300	0 BRICKELL AVE	
	(P.O. Box NOT acceptable)	
	MI, FL 33131	
The street address of as changed will be id-	f its registered office and the street address of the business office of its reg dentical.	gistered agent,
Such change was auth authorized by the boa	thorized by resolution duly adopted by its board of directors or by an officer, or the corporation has been notified in writing of the change.	cer so
Signature of a	ah officer or director)  UPBIN (Printed or typed name and title)	
I hereby accept the a I further agree to con of my duties, and I an document is being file corporation has been	appointment as registered agent and agree to act in this capacity. Imply with the provisions of all statutes relative to the proper and complet Important in and accept the obligation of my position as registered ag iled merely to reflect a change in the registered office address, I hereby co In notified in writing of this change.	e performance ent. Or, if this onfirm that the
mole	11/30/04	
If signing on behalf of	e of Registered Agant) / (Date)	
(Typed o	or Printed Name)	

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