

P02000103722

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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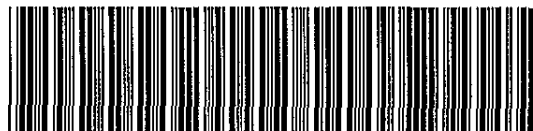
(Business Entity Name)

(Document Number)

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10/13/03--01027--020 \*\*35.00

RD Change  
T. Lewis 10/15/03

FILED  
03 OCT 13 PM 10:18

**TRANSMITTAL LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Plug and Play Solutions  
(Name of corporation)

**DOCUMENT NUMBER:** P02000 10 37 22

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:

Juan Aravijo  
(Name of person)

Passioni Lingerie  
(Name of firm/company)

2256 Weston road  
(Address)

Weston, FL 33326  
(City/state and zip code)

For further information concerning this matter, please call:

Juan Aravijo at (954) 384 6565  
(Name of person) (Area code & daytime telephone number)  
(954) 655 2666

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: Plug and Play Solutions
2. The principal office address: 999 Ponce De Leon Blvd,  
Ste 715, Coral Gables, FL 33134
3. The mailing address (if different): 999 Ponce De Leon Blvd,  
Ste 715, Coral Gables, FL 33134
4. Date of incorporation/qualification: 9/25/02 Document number: P02000103722
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:

Juan Araujo  
999 Ponce De Leon, Ste 715  
Coral, Gables, FL 33134

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

Juan Araujo  
2256 Weston Road  
(P.O. Box or personal mailbox NOT acceptable)  
Weston, FL 33326

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TALLAHASSEE, FL  
STATE DEPARTMENT OF REVENUE

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.

Juan V. Araujo  
(Signature of an officer or director)

JUAN VICENTE ARAUJO  
(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.

Juan V. Araujo  
(Signature of Registered Agent)

10/09/03  
(Date)

If signing on behalf of an entity:

\_\_\_\_\_  
(Typed or Printed Name)

\_\_\_\_\_  
(Capacity)

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

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