## P02000108297

(Re	questor's Name)	
(Add	dress)	<del></del> -
(Add	dress)	
(Cit	y/State/Zip/Phone	÷#)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

Office Use Only



300226965433

07/24/12--01017--001 \*\*35.00

2012 JUL 24 AM 10: 04
SECRETARY OF STATE

let phia

## **COVER LETTER**

TO: Amendment Section Division of Corporations							
SUBJECT: Proneer Investment Enter Prises Inc. Name of Corporation							
DOCUMENT NUMBER: P07000108797							
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:							
PAGLO DATA  Name of Contact Person							
Proneer Investment EnterPrises, Inc. Firm/Company  14359 Miramar Phuy #433  Address							
14359 Miramar Phuy #433							
Miramar FL 33027 City/State and Zip Code							
E-mail address: (to be used for future annual report notification)							
For further information concerning this matter, please call:							
PASUS DATA at (786) 286-7166  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  Street Address: Amendment Section							

**Division of Corporations** 

Tallahassee, FL 32301

2661 Executive Center Circle

Clifton Building

**Division of Corporations** 

Tallahassee, FL 32314

P.O. Box 6327

CR2E045 (03/12)

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

statement of cha	provisions of sections 60 nge is submitted for a co r to change its registere	orporation organi	zed under the laws oj	the State of	Florida	<u>a</u>
1. The name of the	he corporation: 190	oneer I	ivestment	Enterpr	ises Inc	٤.
2. The principal	office address: 143	59 MILA	mar Phuy	#43	3	
	mi	ramar,	FL 33027	<u> </u>		<u>.                                    </u>
3. The mailing a	ddress (if different):	P.O. Bo	x 654053			
<u></u> ,,		miami	FL 3326	55		
4. Date of incorp	oration/qualification: _		Document numl	ber: <u>ρ</u> ω	200010	18297
5. The name and	street address of the cu tment of State: (If resign	rrent registered ag	ent and registered of			
	PABL	O DATI	4	1	7. 2	
	8500	su & s	t #254		2012 J SECR TALLA	
		mi FL			JUL 24 RETARY AHASSI	=
6. The name and (if changed):	street address of the ne	_	t (if changed) and /or	registered of	L. 1.	ED.
	<u> </u>		AMAR Ph	swy #	433	
	min		FL 33-00-7	<b>L</b>		
The street addre	ss of its registered offic be identical.	ce and the street a	ddress of the busines	ss office of it	ts registered ag	ent,
	s authorized by resoluti e board, or the corporat					
Signatur	and the state of t		PABLO	DA-1-A.	Jo	
I haraby accent	e of the offict of director the appointment as reg o comply with the provi my duties, and I am fan s document is heing fild that the corporation ha	istered agent and isions of all statu iliar with and ac ed merely to refle s been notified in	garge to get in this	· vanaziitu		
Sign	ature of Acastered Agent	<del>-</del>	フ-	- 18-1	2	_
If signing on beh				Date		
	INLO DATA					
Ty	ped or Printed Name					

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