## P02000110525

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## TRANSMITTAL LETTER

TO: Amendment Section Division of Corporations
SUBJECT: LAW OFFICES OF VICLAMANAN & BABINSKY, P.A.  (Name of corporation)  DOCUMENT NUMBER: PO2000 110525
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:
(Name of person)
(Name of firm/company)
111/ LINCOLN Rd, Ste 805 (Address)
MIANI BEACH IFL 33139 (City/state and zip code)
For further information concerning this matter, please call:
ALEXANDER VILLAMONN at (305) 604-3833 (Name of person) (Area code & daytime telephone number)
Enclosed is a \$35.00 check made payable to the Department of State.
Mailing Address:Street Address:Amendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327409 E. Gaines StreetTallahassee, FL 32314Tallahassee, FL 32399

CR2E045(07/02)

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

	e provisions of sections 607.0502, 6		
	of change is submitted for a corporate in order to change its registe		-
of Florida.			€ o
1. The name of	the corporation: LAW OFFICES O	F VILLAMADAN EN BABIL	SICY
<ol><li>The principa</li></ol>	ll office address: IIII LINCOLN Re	1 , SUITE 805	3.
	MIAMI BEAC	H, FL 33/39	SS 2
3. The mailing	address (if different):		MG P
4. Date of inco	rporation/qualification: 10 11 20	Document number:	Po2000110525
	nd street address of the current registe artment of State:	ered agent and registered office o	n file with the
	SpicocL & UTER	A, P.A	
	1840 S.W 22N	OST, 4+LFLOOR	
	MIANI, FL 3319	•	
6. The name a changed):	Alexander VILLA me LAW OFFICES OF VILLA		
	1111 LINCOLN Rd, (P.O. Box or personal m	Suite 805	
•	MIAMI BEACH, FL		
The street add	ress of its registered office and the siged will be identical.	treet address of the business offi	ice of its registered
	vas authorized by resolution duly add the board, or the corporation has bee	opted by its board of directors of an notified in writing of the char	r by an officer so
(Signature of an offic	er, chairman or vice chairman of the board)	ALEYANDER VILLARIANAI (Printed or typed name and titl	M. MESIDENT
I hereby accep I further agree performance of registered age office address,	of the appointment as registered age to comply with the provisions of all of my duties, and I am familiar with a ont. Or, if this document is being file I hereby coufirm that the corporati	nt and agree to act in this capac l statutes relative to the proper of and accept the obligation of my ed merely to reflect a change in on has been notified in writing o	city. and complete position as the registered of this change.
Mulne	(Signature of Registered Agent)	4-16-03 (Date)	
If signing on beh	alf of an entity:	•	
LAWOFFICES	Timed or Printed Name)	A PRESIDENT	

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

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