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TRANSMITTAL LETTER

TO: Amendment Section Division of Corporations
SUBJECT: SALIZ CORP. (Name of corporation)
A
DOCUMENT NUMBER: \$\int 02000 129450
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:
JULIA OJALVO (Name of person)
SALIZ COKP. (Name of firm/company)
20822 W. DixiE Hwy. (Address)
Mi AMi F(33/80 (City/state and zip code)
For further information concerning this matter, please call:
TULIA OTALVO at (365) 705-0606 (Name of person) at (365) 705-0606 (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

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,
	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	ne corporation: SALIZ CORP.
2. The principal	office address: 20822 W. DIXIE HWY.
	11AMI, FL. 33180
3. The mailing a	Idress (if different): SATE
4. Date of incorp	oration/qualification: 12 9 02 Document number: P02000129450
5. The name and Florida Depart	street address of the current registered agent and registered office on file with the ment of State:
	TOSE OTALVO ES & ?
•	2035/ NE 21 NENTE 3
•	MIAMI FL 33179
6. The name and	I street address of the new registered agent (if changed) and /or registered office (if
changed):	JULIA OJALVO
_	20822 W. DLY (E HWY (P.O. Box or personal mailbox NOT acceptable)
_	MIAMI, FC. 33180
The street addres	ss of its registered office and the street address of the business office of its registered d will be identical.
Such change was authorized by the	a authorized by resolution duly adopted by its board of directors or by an officer so board, or the corporation has been notified in writing of the change.
Same abuse of an officer	Pairman or vice chairman of the board) JULIA OJALVO, PRES, (Printed or typed name and title)
I hereby accept if in the performance of integration of the performance of integral agent office address, I	he appointment as registered agent and agree to act in this capacity. o comply with the provisions of all statutes relative to the proper and complete ny duties, and I am familiar with and accept the obligation of my position as Or, if this document is being filed merely to reflect a change in the registered hereby confirm that the corporation has been notified in writing of this change.
If signing on behalf	
JULIA	OTALVO PRISCOPNIT
	ped or Printed Name) (Capacity)

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