P03000013607

(Re	equestor's Name)	
(Ad	ldress)	
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(Cit	ty/State/Zip/Phone	e #)
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C. Coulliste JUN 0 5 2003

TRANSMITTAL LETTER

TO: Amendment Section Division of Corporations		
SUBJECT: ALGO DIFERENT	TE CORP Name of Corporation)	
DOCUMENT NUMBER: P030000	13607	
The enclosed Articles of Correction and f	ee are submitted for filing.	
Please return all correspondence concerni	ng this matter to the following:	
MAGILE CRUZ (Name of Person)		
ALGO DIFERENTE CORP. (Name of Firm/Company)	.	
3914 West 12th Avenue (Address)		
Hialeah, Fl 33012		
(City/State and Zip Cod	c)	
For further information concerning this m	natter, please call:	
Magile Cruz (Name of Person)	at (305) 364-7677 (Area Code & Daytime Telephone Number)	
Enclosed is a check for the following amo	ount:	
□ \$35.00 Filing Fee	\$43.75 Filing Fee & Certificate of Status	
☐ \$43.75 Filing Fee & Certified Copy	☐ \$52.50 Filing Fee, Certificate of Status & Certified Copy	
Mailing Address: Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314	Street Address: Amendment Section Division of Corporations 409 E. Gaines Street Tallahassee, Florida 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	7.1508, or 617.1508, Florida Statutes,		
this statement of change is submitted for a corporation organized	•		
FLORIDA in order to change its registered office or	registered agent, or both, in the State		
of Florida.	7 52		
1. The name of the corporation: ALGO DIFERENTE	CORP.		
2. The principal office address: 3914 West 12th Aver	nue 📜		
Hialeah, Fl	33012		
3. The mailing address (if different):	Fig. 2		
	FLOS		
4. Date of incorporation/qualification: <u>Jan. 29/2002</u> De	ocument number: P03000013607		
5. The name and street address of the current registered agent and			
Florida Department of State:	registered office on the with the		
RICARDO ARAUJO			
3914 W 12th Avenue			
Hialoah, Fl 33012			
	 .		
6. The name and street address of the new registered agent (if	changed) and /or registered office (if		
changed):			
<u>Magile Cruz</u> 3914 W 12th Avenue			
Hialeah, Fl 33012 (P.O. Box or personal mailbox NOT accepts			
(F.O. Sox of personal mandox NOT accepta	ine)		
The street address of its registered office and the street address agent, as changed will be identical.	of the business office of its registered		
Such change was authorized by resolution duly adopted by its bauthorized by the board, or the corporation has been notified in	oard of directors or by an officer so writing of the change.		
Rica	inted of typed hathe and title)		
I hereby accept the appointment as registered agent and agree if further agree to comply with the provisions of all statutes relaperformance of my duties, and I am familiar with and accept the registered agent. Or, if this document is being filed merely to reoffice address, I hereby confirm that the corporation has been not be the component of the corporation of the corporation has been not be the corporation of the corporation of the corporation has been not confirm that the corporation has been not confirm that the corporation of the corporation in the corporation has been not confirm that the corporation has	e obligation of my position as eflect a change in the registered		
Chaile	5/28/2993		
	7 201 (Hatey)		
If signing on behalf of an entity: MaGILE Cruz Agent			
MaGILE Cruz Age (Typed or Printed Name)	(Capacity)		

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