

(Re	equestor's Name)	
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(Ad	ldress)	
(Ad	dress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
/Bu	siness Entity Nam	20)
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(Do	cument Number)	
Certified Copies	_ Certificates	of Status
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Special Instructions to	Filing Officer:	
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Robert



O6 JUN 12 PH 12: 02
SECRETARY OF STATE
TALLAHASSEE, FLORIFA

COVER LETTER

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
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

TO:

Amendment Section

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 FLORISA	
in order to change its registered office or registered agent, or both, in the State of Florida.	
1. The name of the corporation: STRATEGES INC.	
2. The principal office address: 10750 Nov 66 th STREET, No. 109	
20RAL, FL 33178	
3. The mailing address (if different): NO CHAU 6E	
4. Date of incorporation/qualification: 30403 Document number: 1030000 26317	
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:	
NELSON DOPICO	
4690 NO 1134 Agre	
20RAL, FL 33,78 E	
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):	
NECSON DOPICO TO	
10750 NOT acceptable)	
10RAL, FL 33178	
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.	
DECSON NOTICO PESID	<u> </u>
(Signature of an officer of director) 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.	~
Jul 7, 2006	
If signing on behalf of an entity:	
(Typed or Printed Name)	
• • •	

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314 CR2E045 (8/05)

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