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(Re	questor's Name)	
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PICK-UP	TIAW [	MAIL
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Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	





04/02/03--01046--016 \*\*35.00

## TRANSMITTAL LETTER

SUBJECT: Liaci-Dide Hydraulias, Corp. (Name of corporation)	, <del>-</del>
DOCUMENT NUMBER: <u>P0300029892</u>	
The enclosed Statement of Change of Registered Office/Agent and fee are submitted for fi	ling.
Please return all correspondence concerning this matter to the following:	
Jennifar Melendez (Name of person)	_
(Name of firm/company)	-
Po Box 160801 (Address)	
Chialeah, FL 33016 (City/state and zip code)	
For further information concerning this matter, please call:	
Jennifer Melandez at (305) 807-3600 (Area code & daytime telephone number)	

Street Address: Amendment Section Division of Corporations 409 E. Gaines Street Tallahassee, FL 32399

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

TO:

Amendment Section Division of Corporations

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