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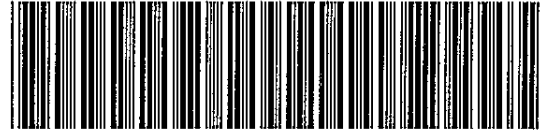
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## TRANSMITTAL LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Law Offices of Susana Rice Roque, P.A.  
(Name of corporation)

**DOCUMENT NUMBER:** PO 300065627

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:

Susana Rice Roque  
(Name of person)

Law Offices of Susana Rice Roque, P.A.  
(Name of firm/company)

25 SE. 2nd Avenue, Suite 714  
(Address)

Miami, Florida 33131  
(City/state and zip code)

For further information concerning this matter, please call:

Susana Roque at (305) 374-2117  
(Name of person) (Area code & daytime telephone number)

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  
409 E. Gaines Street  
Tallahassee, FL 32399

