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REGISTERED AGENT CHANGE LAS MIGDALIAS CORP.

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

statement of ch	provisions of sections 607.0502, 617.0502, 607 ange is submitted for a corporation organized u er to change its registered office or registered a	nder the laws	of the State of Florida	
1. The name of	the corporation; Las Migdalias Corp.			
2. The principa	office address: 4775 Collins Ave., Apt.	4307, Mia	ami Beach, FL 3	3140
3. The mailing	address (if different); 5794 SW 40th Stre	et, Suite 3	05, Miami, FL 3	3155
4. Date of incom	poration/qualification: 08/14/2003	Document nu	mber: P03000089	359
5. The name an	d street address of the current registered agent a intment of State: (If resigned, enter resigned)	nd registered	office on file with the	
	Mark E. Rousso, Esq.			
	18851 NE 29th Ave.			
	Aventura, FL 33180			2015
6. The name an (if changed):	d street address of the new registered agent (if c	hanged) and /	or registered office	JUL -2
	PBYA Corporate Services, LLC			
	200 S. Andrews Ave., Suite 600			E
	P.O. Box NOT excepted Fort Lauderdale, FL 33301	okc		15. 10.
The street addr	ess of its registered office and the street addres	s of the busir	ness office of its regist	tered agent,
Such change wanthorized by t	as authorized by resolution duly adopted by its he board, or the corporation has been notified i	board of dire	ctors or by an officer he change,	80
Signati	Tigo of an officer or director	Jan Roy	mon Curbeb R	rez Director
I hereby accept I further agree performance of agent. Or, if th hereby confirm	the appointment as registered agent and agre to comply with the provisions of all statues re my duties, and it am familiar with and accept its document by being filed merely to reflect a c that the corporation has been notified in writi	e to act in thi lative to the p the obligation hange in the l ng of this cha	s capacity. proper and complete tof my position as reg registered office addr nge.	gistered ess, I
Sin	nature of Registered Agent	July 1st	Delta Delta	_
•	chaif of an entity:			
. •	jandas, Manager			
	Vined or Printed Name			

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

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

CR2E045 (03/12)

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