## P03000104070

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SECRETARY OF STATE ARIDA

R.A. Change

TO SOLAM

## **COVER LETTER**

TO: Amendment Section Division of Corporations				
SUBJECT: Progeral Corp. (Name of Corpo	oration)			
DOCUMENT NUMBER: P03000104070				
The enclosed Statement of Change of Registered Office/Ag	tent and fee are submitted for filing.			
Please return all correspondence concerning this matter to t				
Mario Ivan Chaves (Name of Contact	Person)			
Progeral Corp. (Firm/Company)				
4008 Maguire Blvd., Apt. 5116 (Address)				
Orlando, FL 32803 (City/State and Zi	ip Code)			
For further information concerning this matter, please call:				
Mario Ivan Chaves (Name of Contact Person)	t (407) 897 5661 (Area Code & Daytime Telephone Number)			
Enclosed is a \$35.00 check made payable to the Departmen	at 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			

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

statement of ch	ange is submitted for a corporation organ	2, 607.1508, or 617.1508, Florida Statutes, this ized under the laws of the State of Florida cred agent, or both, in the State of Florida.	
	the corporation: Progeral Corp.	· ·	
	I office address: 4008 Maguire Blvd., Apt.	5116, Orlando, FL 32803	
3. The mailing	address (if different): Same as Above		
4. Date of incom	rporation/qualification: 09/22/2003	Document number: P03000104070	
	nd street address of the current registered apartment of State:	gent and registered office on file with the	
	Carlos E Mariaca		
	8405 NW 53rd Street, Suite A100		
	Miami, FL 33166		
6. The name an (if changed):	nd street address of the new registered ager	e A100  SECRETARY OF STATE  at (if changed) and /or registered office	
	Mario Ivan Chaves		
	4008 Maguire Blvd., Apt. 5	116 ×	
	Orlando, FL 32803	·	
The street addr as changed wil	ress of its registered office and the street	address of the business office of its registered agent,	
Such change wanthorized by	vas authorized by resolution duly adopted the board, or the corporation has been no	by its board of directors or by an officer so tified in writing of the change.	
Signer (Signer	ture of an officer or director)	Mario Ivan Chaves / Director (Printed or typed name and title)	
I hereby accep I further agree of my duties, a document is be	t the appointment as registered agent an	d agree to act in this capacity. utes relative to the proper and complete performance igation of my position as registered agent. Or, if this e registered office address, I hereby confirm that the	
)/~~	den the	12/15/2007	
- V (S	ignature of Registered Agent)	(Date)	
If signing on b	ehalf of an entity:		
•	(Typed or Printed Name)	•	
	* * * FILING FE	CE: \$35.00 * * *	

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