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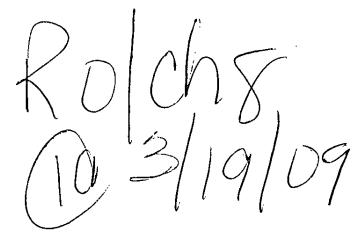


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SECRETARY OF STATE DIVISION OF CORPORATIONS



COVER LETTER

SUBJECT: Rayad Trim Inc (Name of Corporation) DOCUMENT NUMBER: P 03000139503 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: Ragnier Stein (Name of Contact Person) (Firm/Company) 9032 SW 212 terr (Address) Liami FC 33189 (City/State and Zip Code) For further information concerning this matter, please call: Ragnier Stein (Name of Contact Person) at (786) 259-4257 (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 Citifon Building 2000 139503 Citifon Building	TO: Amendment Section Division of Corporations						
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Fallanassee EL 52514 7661 Executive Center Circle	Division of Corporations Division of Corporations						

Tallahassee, FL 32301

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

statement of change	visions of sections 60'. e is submitted for a co o change its registered	rporation organize	d under the laws of t	he State of F	lorida	
	corporation:		Trim Inc	•		
2. The principal of	ice address:	9032	SW 212 ter			
2. The principal off	ice address	HIANI	FL 3318	9		
3. The mailing add	ress (if different):					
4. Date of incorpora	ation/qualification:		Document numbe	r: P0300	139503	
	reet address of the current of State: (If resigne	ed, enter resigned)	_			
	Rac	gnier St	ein .			
	88	380 S.W	rein 1295t,	Bay 5		
			3317Le			
6. The name and str (if changed):	reet address of the new	v registered agent (i	f changed) and /or re	egistered office	0	S
_	Ra	gnier Sti	ein 212terr		09 MAR 18	SIGNE
-	903	2 SW 2	12terr		R 18	
	(1.0.	Box NOT acceptable) MI FL 3	_		PH 12:	25.05.05 S.05.05.05
The street address	of its registered office identical.	· · · · · · · · · · · · · · · · · · ·		s office of its reg	istered age	ATIONS
_	nuthorized by resoluti board, or the corporat					•
77	SE		RAGNIEL (Printed or I			in X
I hereby accept the I further agree to c of my duties, and I document is being	of an officer or director) e appointment as reginal comply with the providing an familiar with and filed merely to reflecten notified in writing	sions of all statute I accept the obliga t a change in the r	gree to act in this c	anacity		
1/-	ise		3/	7/09		
If signing on behal	ure of Registered Agent) If of an entity:		1	Date)		
	ed 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 * * *