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1-27

COVER LETTER

TO: Amendment Section Division of Corporations
SUBJECT Guillermo Alvarez Corporation
DOCUMENT NUMBER: PO400001303
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:
Guillermo ALVAREZ (Name of contact person) Guillermo ALVAREZ (Firm/Company)
11761 Sw. 18) Tellace
Missing 7 2 33177 (City state and zip code)
For further information concerning this matter, please call:
(Name of contact person) at (786) 351-3699 (Area code & daytime telephone number)
Finding die 25 00 abook med manche to the Demontrage of State

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

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

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of
1. The name of the corporation: Gullermo Alvarez Corp.
2. The principal office address: 11730 SW 181 Turrec
3. The mailing address (if different):
4. Date of incorporation/qualification: /さんなんの3 Document number: P0400001303
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: Gullerno Alvurez Florida Department of State: Gullerno Alvurez Florida Department of State: Gullerno Alvurez Florida Department of State: Gullerno Alvurez Florida Department of State: Gullerno Alvurez Florida Department of State: Gullerno Alvurez Florida Department of State: Gullerno Alvurez Florida Department of State: Gullerno Alvurez Florida Department of State: Gullerno Alvurez Florida Department of State: Gullerno Alvurez Florida Department of State: Gullerno Alvurez Florida Department of State: Gullerno Alvurez Florida Department of State: Gullerno Alvurez Florida Department of State: Gullerno Alvurez Florida Department of State: Gullerno Alvurez Florida Department of State: Gullerno Alvurez Florida Department of State: Gullerno Alvurez Florida Department of State: Gullerno Alvurez Florida Department of State: Gullerno Alvurez Florida Department of State: Gullerno Alvurez Florida Department of State: Gullerno Alvurez Gullerno Alvurez
(if changed): 11761 SW 181 T-CRRCLEN (PO. Box NOT acceptable) Mirani, 7L 33177
The street address of its registered office and the street address of the business office of its registered agent, as changed will be identival.
Such change was anthorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change. (Signature of an officer or director) (Printed or typed name and title) (Printed or typed name and title) (Printed or typed name and title) (I horeby accept the appointment as registered agent and agree to act in this capacity. I horeby accept the appointment as registered agent and agree to act in this capacity. I horeby accept the appointment as registered agent and agree to act in this capacity. I horeby accept the appointment as registered agent and agree to act in this capacity. I horeby accept the appointment as registered agent and agree to act in this capacity. I horeby accept the appointment as registered agent and agree to act in this capacity. I horeby accept the appointment as registered agent and agree to act in this capacity. I horeby accept the appointment as registered agent and agree to act in this capacity. I horeby accept the appointment as registered agent and agree to act in this capacity. I horeby accept the appointment as registered agent and agree to act in this capacity.
(Signature of Registered Agent) (Date) If signing on behalf of an entity:
(Typed or Printed Name)

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