## P04000035011

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## **COVER LETTER**

TO: Amendment Section Division of Corporations	
SUBJECT: Gadast CORPORATION (Name of Corporation)	
DOCUMENT NUMBER: PØ4 Ø Ø Ø Ø 35 Ø 11	<del></del>
The enclosed Statement of Change of Registered Office/Agent and fee are s	ubmitted for filing.
Please return all correspondence concerning this matter to the following:	
ORLANDO M. BARRENECHE (Name of Contact Person)	
Gadast Corporation (Firm/Company)	
P.O. Box 524252 (Address)	
Miami, FL 33152 (City/State and Zip Code)	
For further information concerning this matter, please call:	
ORLANDO M. BARRENECHE at (786) (Name of Contact Person) (Area Code &	213 - 22子の Daytime Telephone Number)
Enclosed is a \$35.00 check made payable to the Department of State.	
Division of Corporations P.O. Box 6327 Clifton B Tallahassee, FL 32314 2661 Exe	ent Section of Corporations

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

statement of change	isions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this is submitted for a corporation organized under the laws of the State of Florida.
1. The name of the co	orporation: Gadast Corporation
2. The principal offic	e address: P.O. Box 524252
	Hiami, FL 33152
3. The mailing addre	ss (if different):
4. Date of incorporat	lon/qualification: 02/24/2004 Document number: P04000035011
5. The name and stre Florida Departmen	et address of the current registered agent and registered office on file with the tt of State:
<u></u>	ORLANDO M. BARRENECHE
	13631 SW 182 ST
	Hiami, FL 33177
6. The name and stre (if changed):	et address of the new registered agent (if changed) and /or registered office RETARY  PB&A FINANCIAL SERVICES, CORP.
	134 NE 96 57 (P.O. Box NOT acceptable)  Min. mi, FL 33138
The street address of as changed will be i	f its registered office and the street address of the business office of its registered agent, dentical.
	thorized by resolution duly adopted by its board of directors or by an officer so ard, or the corporation has been notified in writing of the change.
	Branche ORLANDO M. BARRENECHE, PRESident (Printed or typed name and title)
If signing on behalf	appointment as registered agent and agree to act in this capacity, imply with the provisions of all statutes relative to the proper and complete performance uniform with and accept the obligation of my position as registered agent. Or, if this led merely to reflect a change in the registered office address, I hereby confirm that the n notified in writing of this change.

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