P04000 20098

(Requestor's Name)						
(Address)						
(Address)						
(City/State/Zip/Phone #)						
PICK-UP WAIT MAIL						
(Business Entity Name)						
(Document Number)						
Certified Copies Certificates of Status						
Special Instructions to Filing Officer:						
·						





200170836822

03/25/10--01019--010 **35.00

SECRETARY OF STAIL ALLAHASSEE, FLORIDA

APPROVE.



COVER LETTER

TO:	Amendment Section Division of Corporations	ı							
SUBJECT: SOLID BUILDERS, INC Name of Corporation									
DOCU	MENT NUMBER:	P0400	0080098						
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:									
	Sandor Lenner								
		Name of Contac	t Person						
	Susan Missal Lenner, P.A.								
		Firm/Comp	any						
		1630 Tigerts	nil Δνα						
	1630 Tigertail Ave Address								
Miami El 33133									
Miami,FL 33133 City/State and Zip Code									
	LENNERSE & GMAIL. COM E-mail address: (to be used for future annual report notification)								
	D-man access, (to be used for father affidal report normeation)								
For further information concerning this matter, please call:									
	Sandor Len	ner "	+ (305 \	942-8290					
	Name of Contact	Person	t (<u>305</u>) Area Code & Daytime	Telephone Number					
Enclose	ed is a \$35.00 check made	payable to the Departmen	nt of State.						
	Mailing Amendo	Address:	Street Address: Amendment Sect	ion					
		of Corporations	Division of Corp						
•	P.O. Box	x 6327	Clifton Building						
	Tallahas	sec, FL 32314	2661 Executive (Tallahassee, FL 3						

CR2E045 (8/05)

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

statement of cha	nge is submitted for a co	rporation organized	07.1508, or 617.1508, Florid under the laws of the State (agent, or both, in the State (of Florida		
1. The name of t	he corporation: SOLIE	BUILDERS,	INC			
2. The principal MIAMI FL	office address: 1071 N 33138		TH STREET			
3. The mailing a	ddress (if different):					
4. Date of incorp	poration/qualification:	05/19/2004	Document number:	P04000080098		
	street address of the curtiment of State: (If resignation		and registered office on file	with the		
	Resigned- LEONCIO, RENE F					
8302 NORTHWEST 103RD STREET				ALL SECON		
	HIALEAH GARDE	NS FL 33016		- AHAS		
6. The name and (if changed):	I street address of the nev	v registered agent (if	f changed) and /or registered	HASSEE, FLORIDA		
	Sandor Lenner					
1630 Tigertail Ave						
	P.O. Box NOT acceptable					
	Miami,FL 33133					
The street address changed will	ess of its registered offic be identical.	e and the street add	ress of the business office	of its registered agent,		
Such change wa authorized by th	as authorized by resolutine board, of the corporat	on duly adopted by ion has been notifie	its board of directors or by ed in writing of the change.	an officer so		
Signatur	c of an officer or director		Ignacio Hern	andez		
I hereby accept I further agree	the appointment as regi to comply with the provi	stered agent and as sions of all statutes l accept the obligat t a change in the re t of Mis change	gree to act in this capacity, relative to the proper and ion of my position as regist gistered office address, I he	complete performance		
Sig	nature of Rightered Agent	Jemen _	March 22,2	2010		
-	half of an entity:					
Sand	or Lenner yped 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 * * *