

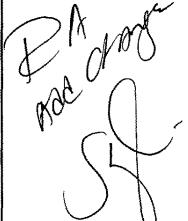
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COVER LETTER

Division of Corporations
SUBJECT: Canadire & Associates, P.A. (Name of Corporation)
DOCUMENT NUMBER: \$6400098236
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:
Rahul P. Raradive (Name of Contact Person)
Paradice & Associates, P.A. (Firm/Company)
(Address) Brickell Ave, Suite 2320
Miami, FL 33/3/ (City/State and Zip Code)
For further information concerning this matter, please call: Ruhul P. Kanadire at (305) 403-4390 (Name of Contact Person) (Area Code & Davime Telephone Number)
(Name of Contact Person) (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 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

"ursuant 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 \(\subset
in order to change its registered office or registered agent, or both, in the State of Florida
1. The name of the corporation: fondive & Associates, P.A.
2. The principal office address: 801 Briskell Ate, Suit 2320
Miami, FL 33131
3. The mailing address (if different):
4. Date of incorporation/qualification: 7/1/04 Document number: P0400098236
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:
Rahul P. Ranadire
3191 Corol Way Swite 115
Solut P. Ranadire 3191 Corol Way, Suite 115 Corol Gables, FL 33145
6. The name and street address of the new registered agent (if changed) and /or registered office of the new registered agent (if changed) and /or registered office of the new registered agent (if changed) and /or registered office of the new registered agent (if changed) and /or registered office of the new registered agent (if changed) and /or registered office of the new registered agent (if changed) and /or registered office of the new registered agent (if changed) and /or registered office of the new registered agent (if changed) and /or registered office of the new registered agent (if changed) and /or registered office of the new registered agent (if changed) and /or registered office of the new registered agent (if changed) and /or registered office of the new registered agent (if changed) and /or registered office of the new registered agent (if changed) and /or registered office of the new registered agent (if changed) and /or registered office of the new registered agent (if changed) and /or registered office of the new registered agent (if changed) and /or registered office of the new registered agent (if changed) and /or registered office of the new registered agent (if changed) and /or registered office of the new registered agent (if changed) and /or registered agent (if changed) are registered a
801 Brichell Ave, Cuite 2320 FS & M
Miami, FL 33131 35
The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.
Such change was authorized 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.
Asymmetric of an officer be derector) Lehul P. Finadire fres,
I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.
- Mario 7/11/06
(Signature of Registered Agent) If signing on behalf of an entity:
a signing on ocum or an emity.
(Typed or Printed Name)

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

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