

PD4000100509

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP

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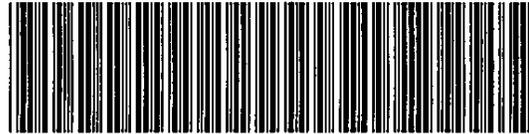
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

*R.A. Chong*

C. Coulllette NOV 15 2006

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** DIAZ & RUSSELL ARCHITECTS & ASSOCIATES  
\_\_\_\_\_  
(Name of Corporation)

**DOCUMENT NUMBER:** P04000100509  
\_\_\_\_\_

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:

NELSON RICARDO DIAZ  
\_\_\_\_\_  
(Name of Contact Person)

DIAZ & RUSSELL ARCHITECTS & ASSOCIATES  
\_\_\_\_\_  
(Firm/Company)

12550 BISCAYNE BLVD. SUITE 211  
\_\_\_\_\_  
(Address)

NORTH MIAMI FL 33181  
\_\_\_\_\_  
(City/State and Zip Code)

For further information concerning this matter, please call:

NELSON RICARDO DIAZ at ( 305 ) 439-8257  
\_\_\_\_\_  
(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



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

November 2, 2006

NELSON R. DIAZ  
DIAZ & RUSSELL ARCHITECTS & ASSOCIATES  
12550 BISCAYNE BLVD., STE. 211  
NORTH MIAMI, FL 33181

SUBJECT: DIAZ & RUSSELL ARCHITECTS & ASSOCIATES, CORP.  
Ref. Number: P04000100509

We have received your document for DIAZ & RUSSELL ARCHITECTS & ASSOCIATES, CORP. and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

We are enclosing a computer printout which reflects the registered agent and registered office now on file with this office. Please amend your document accordingly.

The registered agent must sign accepting the designation.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6903.

Cheryl Coulliette  
Document Specialist

Letter Number: 606A00064895

RECEIVED  
NOV 02 2006  
CORPORATIONS

**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 FLORIDA in order to change its registered office or registered agent, or both, in the State of Florida*

- 1. The name of the corporation: DIAZ & RUSSELL ARCHITECTS & ASSOCIATES
- 2. The principal office address: 12550 BISCAYNE BLVD. SUITE 211  
NORTH MIAMI FL 33181
- 3. The mailing address (if different): \_\_\_\_\_
- 4. Date of incorporation/qualification: 06-30-2006 Document number: P04000100509
- 5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:

12550 BISCAYNE BLVD. SUITE 211  
NORTH MIAMI FL 33181

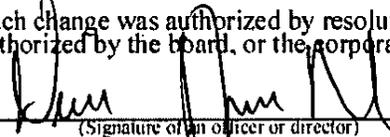
- 6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

12550 BISCAYNE BLVD. SUITE 211  
NORTH MIAMI FL 33181  
(P.O. Box NOT acceptable)

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**2006 NOV 14 AM 8:37**  
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**TALLAHASSEE, FLORIDA**

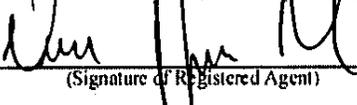
The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

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.

  
(Signature of an officer or director)

PRESIDENT  
(Printed or typed name and title)

*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.*

  
(Signature of Registered Agent)

10-28-06  
(Date)

If signing on behalf of an entity:

NELSON RICARDO DIAZ  
(Typed or Printed Name)

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

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