PO4000105071

(Requestor's Name)				
(Address)				
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(City/State/Zip/Phone #)				
(Only) On	-to:-tp:: (101/0 //)			
PICK-UP	WAIT	MAIL		
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(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing	g Officer:			
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05 JUL 18 PN 1: 05
SECRETARY OF STATE
ALLAHASSEE FLORIDA



COVER LETTER

Amendment Section Division of Corporations

TO:

LEVILA MOCEUPINI CAREERO INIC				
SUBJECT: LEVI & MCGEHRIN CAREERS, INC. (Name of corporation)				
DOCUMENT NUMBER: P04000105071				
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:				
GEORGE MCGEHRIN				
(Name of contact person)				
LEVI & MCGEHRIN CAREERS, INC.				
(Firm/Company)				
1830 MERIDIAN AVE - SUITE 302 (Address)				
MIAMI BEACH FL 33139				
(City/state and zip code)				
For further information concerning this matter, please call:				
GEORGE MCGEHRIN at (305) 532-7797				
(Name of contact person) (Area code & daytime telephone number)				
Enclosed is a \$35.00 check made payable to the Department of State.				
Malling Address: Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Street Address: Amendment Section Division of Corporations Division of Corporations 409 E. Gaines Street Tallahassee, FL 32319				

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

statement of change is sub	omitted for a corporation organ	12, 607.1308, or 617.1308, Florida S sized under the laws of the State of <u>f</u> ered agent, or both, in the State of Fl	LORIDA	
1. The name of the corporation: LEVI & MCGEHRIN CAREERS, INC. 2. The principal office address: 1830 MERIDIAN AVE - SUITE 302, MIAMI BEACH FL 33139				
3. The mailing address (if	different):			
4. Date of incorporation/q	ualification: 07/13/2004	Document number: P040001	05071	
5. The name and street add Florida Department of S		gent and registered office on file wit	h the	
GUGLIU	ZZA, CHARLES R			
381 N KF	ROME AVE SUITE 205		NATE OF	
HOMES	TEAD FL 33030		FIL AFFAS	
6. The name and street add (if changed):	dress of the new registered age	nt (if changed) and /or registered offi	7 ¥	
MCGEH	RIN, GEORGE		1: 05 STATE ORIDA	
1830 ME	RIDIAN AVENUE SUITE 302		-	
	(P.O. Box NOT acceptable	()		
MIAMI B	EACH FL 33139		-	
The street address of its as changed will be identi	egistered office and the street	address of the business office of it	s registered agent,	
Such change was authori authorized by the board,	zed by resolution duly adopte or the corporation has been no	d by its board of directors or by an otified in writing of the change.	officer so	
	2	LUCA LEVI MINZI - DIRECTOR		
(Signature of an office		(Printed or typed name and t	•	
I hereby accept the appo I further agree to comply of my duties, and I am fa document is being filed n corporation has been not	intment as registered agent an with the provisions of all stamiliar with and accept the ob- miliar with and accept the ob- merely to reflect a change in the ob- tified in writing of this change	nd agree to act in this capacity, tutes relative to the proper and com ligation of my position as registere he registered office address, I hereb	nplete performance d agent. Or, if this by confirm that the	
		7/13/05		
(Signature of Re	gistered Agent)	(Date)		
If signing on behalf of ar	entity:			
(Typed or Prin	ted Nume)			

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