## P04000164738

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C.COULLIETTE

APR 19 2011

**EXAMINER** 



ACCOUNT NO. : I2000000195

REFERENCE: 620568 7810608

AUTHORIZATION :

COST LIMIT : \$ 35.00

ORDER DATE: December 22, 2010

ORDER TIME : 9:19 AM

ORDER NO. : 620568-055

CUSTOMER NO: 7810608

## CHANGE OF AGENT

NAME: SOARES DA COSTA AMERICA, INC.

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

\_\_\_ CERTIFIED COPY XX \_\_\_\_ PLAIN STAMPED COPY

CONTACT PERSON: Jeanine Reynolds -- EXT# 2933

EXAMINER:

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

statement of ch	provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this ange is submitted for a corporation organized under the laws of the State of Florida er to change its registered office or registered agent, or both, in the State of Florida.
1. The name of	the corporation: SOARES DA COSTA AMERICA, INC.
	office address: 7270 NW 12the Street Suite PH3, Miami, FL 33126
3. The mailing a	address (if different):
4. Date of incor	poration/qualification: 12/07/2004 Document number: Po4000164738
	d street address of the current registered agent and registered office on file with the rtment of State:
	Interamerican Corporate Services LLC
	2525 Ponce De Leon Blvd. Suite 1225
	Coral Gables, FL 33134
6. The name and (if changed):	I street address of the new registered agent (if changed) and /or registered office  Corporation Service Company
	Tallahassee, FL 32301
The street addre	ess of its registered office and the street address of the business office of its registered agent
Such change wa authorized by th	as authorized by resolution duly adopted by its board of directors or by an officer so be board, or the corporation has been notified in writing of the change.
(Signatu	ute of an officer or director) Wis Mir ve I tousting, CFO
hereby accept further agree to f my duties, an locument is beil corporation has	the appointment as registered agent and agree to act in this capacity. To comply with the provisions of all statutes relative to the proper and complete performance of all an familiar with and accept the obligation of my position as registered agent. Or, if this not filled merely to reflect a change in the registered office address, I hereby confirm that the been notified in writing of this change.
Corporation	on Service Company  ———————————————————————————————————
f signing on be	half of an entity:
	et, Asst. Vice President
(1	yped 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 CR2E045 (8/05)