

miami - Dade Plumbing
67 N.E. 19th Street
Miami, FL 33132

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**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: Miami Dade
2. The principal office address: 2398 SW 25th 1
Miami Fla 33133
3. The mailing address (if different): _____
4. Date of incorporation/qualification: _____ Document number: P04000169586

5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:

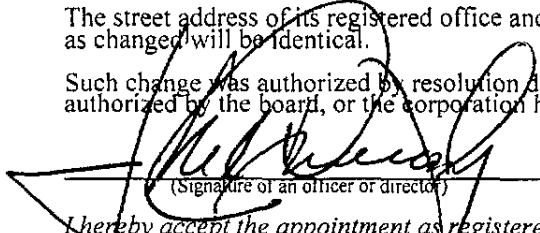
Pedro Gonzalez
67 NE 19th
Miami Fla 33132

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

Elvira Lizaso
2398 SW 25th 33133
(P O Box NOT acceptable)
Miami Fla 33133

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)

Juan R. Hernandez
(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.

Elvira Lizaso
(Signature of Registered Agent)

10/6/05
(Date)

If signing on behalf of an entity:

Elvira Lizaso

(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

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STATE OF FLORIDA
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS