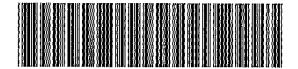
## P04000170333

(Re	equestor's Name)	
(Ad	idress)	
(Ad	Idress)	
(Cit	ty/State/Zip/Phone	⇒ #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	ocument Number)	and the second s
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

Office Use Only



800073880128

05/04/06--01042--006 \*\*35.00

TALLAHASSEE, FLORIDA

## **COVER LETTER**

Division of Corporations SUBJECT: METRO TRANSLATION AND INTERPRETING SERVICES, INC. (Name of Corporation) DOCUMENT NUMBER: P04000170333 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: **MILAGROS ROSA** (Name of Contact Person) METRO TRANSLATING AND INTERPRETING SVCS, INC. (Firm/Company) PO BOX 2633 (Address) OCALA, FLORIDA 34478 (City/State and Zip Code) For further information concerning this matter, please call: DOUGLAS L. KIRKLAND, ESQUIRE (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

TO:

Amendment Section \*

## 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: METRO TRANSLATION FINTERPRETING SERVICES, INC.
2. The principal office address: 203 NORTHEAST 8TH AVENUE OCALA, FLORIDA 34470
3. The mailing address (if different): PO BOX 2633 OCALA, FLORIDA 34478
4. Date of incorporation/qualification: 12/21/2004 Document number: P04000170333
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:
EDUARDO CANELON
EDUARDO CANELON  2422 SOUTHWEST 20TH COURT  OCALA, FLORIDA 34474
OCALA, FLORIDA 34474
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):
DOUGLAS L. KIRKLAND, ESQUIRE
203 NORTHEAST 8TH AVENUE
(P.O. Box NOT acceptable)
OCALA, FLORIDA 34470
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.
Mylagyottogo MIAGLOS KOSA- Resident (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) (Date) (Date)
If signing on behalf of an entity:
(Typed or Printed Name)

PILMO PEL. 955.00