P0500002135

(Re	equestor's Name)	
(Ac	ddress) ,	
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(Ci	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Вы	usiness Entity Nan	ne)
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SECRETARY OF STAIL

COVER LETTER

Amendment Section Division of Corporations

TO:

400 111 -		
SUBJECT: AFTONDAGE TO	Mame of Corporation)	
_ `	00000 2135	
The enclosed Articles of Correction and fe	ee are submitted for filing.	
Please return all correspondence concerning	ng this matter to the following:	
(Name of Contact Person)		
Affordelle Transmy PA	a Blad Inc	
1 L. Lihan Blud., Bar 1	}	
De Irey Newl, FL 33 444 (City/State and Zip Code)		
For further information concerning this m	atter, please call:	
V Ochuo ledde o	at (56) 274 - 02 - 89 (Area Code & Dayume Telephone Number)	
(Name of Contact Person)	(Area Code & Dayume Telephone Number)	
Enclosed is a check for the following amo	numt'	
_		
\$35.00 Filing Fee	\$\ \tag{\$43.75 Filing Fee & Certificate of Status}	
\$43.75 Filing Fee & Certified Copy	\$52.50 Filing Fee, Certificate of Status & Certified Copy	
Mailing Address:	Street Address:	
Amendment Section	Amendment Section	
Division of Corporations	Division of Corporations	
P.O. Box 6327	Clifton Building	
Tallahassee, FL 32314	2661 Executive Center Circle Tallahassee, FL 32301	

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

sur in the

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	
in order to change its registered office or registered agent, or both, in the State of Florida.	
1. The name of the corporation: Affordule Transmiss of Pain Bigli Inc. 2. The principal office address: 1 hy circle Bivo, Bay 3 DECANY BUACH, PL 33444	
2. The principal office address: / h, Linder Burn, Bay 3	
DECAMY BEACH, PL 33444	_
3. The mailing address (if different):	-
4. Date of incorporation/qualification: 14 S, 2005 Document number: Poscological 3 To The name and street address of the current registered agent and registered office on file with the S. S.	_
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:	فسد
SUNIL EASKIN	
SUNIL ENSKIN 1 W. LINTON BLUD BAY 3 DURAN BEACH, FL 33444	
Ocenay Beach, Rc 33444	
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):	
OCTAVIO DECCADO	
/ L. CIMPUR BLVD. BAY 3 (P.O. Box NOT acceptable)	
(P.O. Box NOT acceptable)	
DREMAY BOAN, AC 33444	
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.	
X Velus Goda (Signature of an officer of Auctor) X Octavio e Del GAD (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) OS+07-07 (Date)	
If signing on behalf of an entity:	
(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 CR2E045 (8/05)