## 205000002990

| Celia Dominguez<br>901 SW 87 Ave`<br>Miami Fl 33174 |   |  |  |  |  |
|---|---|--|--|--|--|
| (Address)   |   |  |  |  |  |
|   |   |  |  |  |  |
| (City/State/Zip/Phone #)                            |   |  |  |  |  |
| PICK-UP WAIT MAIL                                   |   |  |  |  |  |
| (Business Entity Name)                              |   |  |  |  |  |
| (Document Number)                                   |   |  |  |  |  |
| Certified Copies Certificates of Status             | _ |  |  |  |  |
| Special Instructions to Filing Officer:             |   |  |  |  |  |
|   |   |  |  |  |  |
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Office Use Only



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JUNETARY OF STATE
AND ASSET FLORIDA

Series of the se

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

| statement of ch                 | ange is submitted for a corporation org   | 502, 607.1508, or 617.1508, Florida Statu<br>anized under the laws of the State of <u>FLC</u><br>istered agent, or both, in the State of Flori                                  | DRIDA  |
|---------------------------------|---|---|--|
| 1. The name of                  | the corporation: D FAROY SPA CORP   | )   |  |
| 2. The principal                | office address: 901 SW 87 AVE MIAN  | MI FL 33126   |  |
| 3. The mailing                  | address (if different):   |   |  |
| 4. Date of incor                | poration/qualification: 01/05/2005  | Document number: P050000029   | 990  |
| Florida Depa                    | rtment of State:  | agent and registered office on file with the  | ne   |
| <i>∵ •• ў</i>                   | 3015 NW 8 ST. APT.113   |   | 7 AUG 29<br>CRETARY                                    |
|                                 | MIAMI FL 33126  |   |  |
| 6. The name and (if changed):   | d street address of the new registered ag   | gent (if changed) and /or registered office   | AMIO: 52<br>OF STATE<br>E. FLORID                      |
|                                 | CELIA DOMINGUEZ   |   | True,  |
|                                 | 12830 SW 47 ST<br>(P.O. Box NOT acceptal  |   |  |
|                                 | MIAMI FL 33175  | one)  |  |
| The street address changed will | ess of its registered office and the stre   | et address of the business office of its re   | gistered agent,  |
|                                 |   | ted by its board of directors or by an offinotified in writing of the change.   |  |
| - Signat                        | ure of ah officer or effector)  | CELIA DOMINGUEZ / 165/<br>(Printed or typed name and title)   | DENT   |
| 71 /2                           | the appointment as registered agent to comply with the provisions of all st and familiar with and accept the oing filed merely to reflect a change in speen notified in writing of this change. | and agree to act in this capacity.<br>atutes relative to the proper and comple<br>bligation of my position as registered ag<br>the registered office address, I hereby co<br>ge | te performance<br>zent. Or, if this<br>onfirm that the |
| H Oh                            | 1/  | 8/27/07   | <del></del>  |
|                                 | thature of Registered Agent)  | (Date)  |  |
|                                 | Typed or Printed Name)  | FFF. \$25 AA * *  |  |

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR2E045 (8/05)