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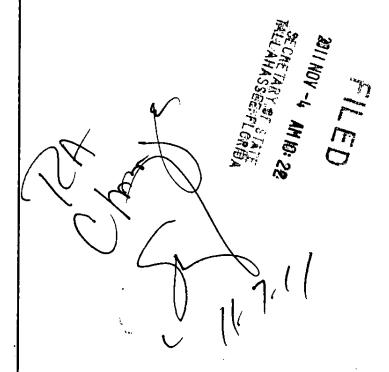
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COVER LETTER

TO:	Amendment Section Division of Corporatio	ns						
SUBJ	ЕСТ:	L.A. DELIVER	RY, CORP.	· · · · · · · · · · · · · · · · · · ·				
DOCU	JMENT NUMBER:	P05	000030286					
	closed Statement of Cha			submitted for filing.				
	return all correspondence	_	_	Ç				
			LEDESMA					
		Name of Co	ontact Person					
	L.A. DELIVERY CORP.							
	<u> </u>	Firm/C	ompany					
	7820 NW 6 CT							
		Ado	Iress					
		MIAMI, F	L 33150 nd Zip Code					
	DONFE E-mail add	ERNANDOTRAVEL ress: (to be used for t	.MIAMI@HOTM	AIL.COM rt notification)				
For fur	ther information concern	ing this matter, please	call:					
	JUAN A. LEI	DESMA	at (786	337-1569				
	Name of Contac	t Person		Daytime Telephone Number				
Enclos	ed is a \$35.00 check mad	le payable to the Depar	tment of State.					
	Ameno Divisio P.O. B	g Address: dment Section on of Corporations ox 6327 assee, FL 32314	Division Clifton 2661 Ex	ddress: ment Section n of Corporations Building kecutive Center Circle ssee, FL 32301				

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

statement of cha	ange is submitted for a c	orporation organize	607.1508, or 617.1508, Flo d under the laws of the Stat d agent, or both, in the Stat	e of FLORIDA
		33		e oj rioriaa.
	the corporation: L.A. [
2. The principal	office address: 7820 N	NV 6 CT MIAWI,	, PL 33150	
3. The mailing a	address (if different): P.	O. BOX 422134	I, MIAMI, FL 33242	
4. Date of incor	poration/qualification:	02/28/2005	Document number:	P05000030286
	d street address of the curtment of State: (If resign		at and registered office on fi	ile with the
	JUAN A. LEDESM	1A	· · · · · · · · · · · · · · · · · · ·	
	7820 NW 6 CT			
	MIAMI, FL 33150			MILINOV-L
6. The name and (if changed):	d street address of the ne	w registered agent (i	f changed) and /or registere	
	JOSE ARAGON M	/ACHADO (ADD	AS A NEW AGENT)	
	25045 S.W. 177 A	<u> </u>		·····
	HOMESTEAD, FL	P.O. Box NOT acc 33031	ceptable	
The street address changed will	ess of its registered office be identical.	ce and the street add	dress of the business office	e of its registered agent,
Such change wa authorized by th	as authorized by resolute the board of the corpora	tion duly adopted by tion has been notifi	vits board of directors or bed in writing of the change	oy an officer so e.
X Signatur	refr anyothicer or director	 –	JUAN A. LEDE	ESMA (PD)
I hereby accept I further agreed of my duties, an document is bei corporation ha	the appointment as reg to climply with the prov ad Ifym familiar with an ing filed merely to reflect been polified in writin	ristered agent and a visions of all statutes and accept the obligate of a change in the re g of this change.	gree to act in this capacity s relative to the proper and tion of my position as regi. egistered office address. I	y. d complete performance stered agent. Or, if this hereby confirm that the
X /u	W		OCTOBER 3	31, 2011
~	nature of Registered Agent		Date	
If signing on b	half of an entity:			
	yped or Printed Name			

* * * FILING FEE: \$35.00 * * *