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## **COVER LETTER**

TO: Amendment Section Division of Corporations
SUBJECT: GIUSEPPINA MIRANDA P.A. (Name of Corporation)
DOCUMENT NUMBER: PO5000 34946
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:
GIUSEPPINA MINANDA (Name of Contact Person)
GIUSEPPINA MINANDA P.A. (Firm/Company)
633 SE 3 PO AVE, SUITE 202
Ft. LAUDENDALE & 33301 (City/State and Zip Code)
For further information concerning this matter, please call:
GIUSEPPINA MINANDA at (954) 713 2729 (Name of Contact Person) (Area Code & Daytime Telephone Number)
Enclosed is a \$35.00 check made payable to the Department of State.

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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

## 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 FLONIDA in order to change its registered office or registered agent, or both, in the State of Florida.
1. The name of the corporation: GIUSEPPINA MINANDA, P.A.
2. The principal office address: 633 SE 300 AVENUE SUITE 202
FORT LAVOENDALE FZ 33301
3. The mailing address (if different): POST OFFICE BOX 480033
FORT LAUDENDALE FL 33348
4. Date of incorporation/qualification: 03-1 - 05 Document number: P050000 34946
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:
GIUSEPPINA MIRANDA
ONE EAST BROWAND BLUD, 1501
FORT LAUDENDALE R 33301 25 80 1
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):  6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):
(P.O. Box NOT acceptable)  AVENUE, SUITE 202
FORT LAIDENDALE & 3330/
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)  -GIUSEPPINA MINANDA, PRES.  (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.
DECEMBER 28, 2005
/ (Signature of Registered Agent) (Date)
If signing on behalf of an entity:
GIUSEPPINA MINANDA (Typed or Printed Name)

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

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