

P05000056678

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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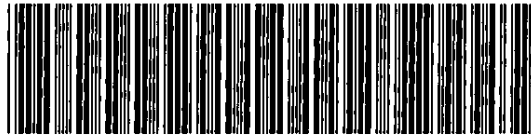
(Business Entity Name)

(Document Number)

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COVER LETTER

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06 SEP - 5 PM 8:00

TO: Amendment Section  
Division of Corporations

DIVISION OF

SUBJECT: UPMATRIX, CORP.  
(Name of Corporation)

DOCUMENT NUMBER: P05000056678

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:

CARLOS AUGUSTO MENDONCA  
(Name of Contact Person)

UPMATRIX, CORP.  
(Firm/Company)

441 NE 195 STREET # 107  
(Address)

MIAMI, FL 33179  
(City/State and Zip Code)

For further information concerning this matter, please call:

CARLOS MENDONCA at (305) 652 7309  
(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



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

August 22, 2006

CARLOS A MENDONCA  
441 NE 195 ST #107  
MIAMI, FL 33179

SUBJECT: UPMATRIX, CORP.  
Ref. Number: P05000056678

We have received your document for UPMATRIX, CORP. and your check(s) totaling \$43.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you sent in to change the registered agent is not correct. You are a Florida Corporation not a Alien Business. I am sending the correct form to file.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6927.

Tracy Smith  
Document Specialist

Letter Number: 806A00051626

**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: UPMATRIX, CORP.
2. The principal office address: 7860 NW 46 STREET  
DORAL, FL 33166
3. The mailing address (if different): \_\_\_\_\_
4. Date of incorporation/qualification: 4-15-2005 Document number: P05000056678
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:

FERNANDO PRACA

7860 NW 46 STREET

DORAL, FL 33166

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

CARLOS AUGUSTO MENDONCA

441 NE 195 STREET #107

(P.O. Box NOT acceptable)

MIAMI, FL 33179

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TALLAHASSEE FLORIDA  
SECRETARY OF STATE

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 officer or director)

FERNANDO PRACA, PRESIDENT  
(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)

8/30/06  
(Date)

If signing on behalf of an entity:

CARLOS A. MENDONCA  
(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)