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## **COVER LETTER**

TO: Amendment Section Division of Corporations
SUBJECT: C.A.N.I. Computers Inc. (Name of Corporation)
DOCUMENT NUMBER: $P \phi 5 \phi \phi \phi 6 \phi 435$
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:
(Name of Contact Person)  C.A.N.1 Computers, Inc.  (Firm/Company)
155 SW 33rd Ave.
Miami FLORIDA 33135 (City/State and Zip Code)
For further information concerning this matter, please call:
Félix Munit at (305) 445-9807 (Name of Contact Person) (Area Code & Daytime Telephone Number
Enclosed is a \$25.00 check made naveble to the Department of State

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

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

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statement of cha	provisions of section nge is submitted for r to change its reg	r a corporation o	rganized un	der the laws	of the State of	Flo	1	<u>.                                    </u>
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2. The principal	he corporation: office address:	155	SW	33vd	Ave			
	ddress (if different							
4. Date of incorp	oration/qualificati	on: April 25	2005 D	ocument nu	mber: <u>Ρφ</u> 5	$-\phi\phi\phi\phi$	<b>β6</b> φ	435
5. The name and Florida Depart	street address of the timent of State:	ne current register	ed agent and	d registered (	office on file wi	ith the		
	<u>Félix</u>	Muñiz				_		
		NW 4						
	Miam	i FL 3	33125			-ds	0	
6. The name and (if changed):	street address of the	ne new registered	agent (if ch	anged) and /o	or registered of	AHATIONE P	06 MAR	<u> </u>
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	15!	(P.O. Box NOT accep	33v2	<u>Ave</u>	·	FST	PM -:	O
		mi FL			·	AGIS ATA	ယ	
The street address as changed will	ss of its registered be identical.	office and the st	reet address	of the busin	ness office of in	ts registe	red age	ent,
Such change wa authorized by th	s authorized by re e board, or the co	solution duly add poration has bee	pted by its n notified it	board of dir writing of	ectors or by an the change.	officer s	ю	
£li	e of an officer or directo	r)		Félix	Muni-	E title)		
I hereby accept in I further agree to of my duties, and document is being corporation has	the appointment a comply with the I I am familiar wi g filed merely to been notified in w				*-	-		nce this the
Lily	Muc nature of Registered Age			03	(Date)	006		_
(Sign If signing on beh		nt)			(Date)		<del></del>	
(T)	Muniz pod 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)