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(Re	questor's Name)			
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PICK-UP	☐ WAIT	MAIL		
(Business Entity Name)				
(Document Number)				
Certified Copies	_ Certificates	of Status		
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SECRETARY OF STATE
TAIL AHASSEE, FLORIDE

Pachange 12/10/08

COVER LETTER

TO: Amendment Section Division of Corporations		
SUBJECT:	VALVECO (Name of Corpor	CORP.
DOCUMENT NUMBER:	P050000 8121	
The enclosed Statement of Change	of Registered Office/Age	ent and fee are submitted for filing.
Please return all correspondence co	oncerning this matter to th	e following:
	TOSE LVIS K	Person)
	VALVEW CO	orp.
	(rina Compa	19)
10∞	1 NW 50 ST (Address)	Suite 112
Sun	City/State and Zi	33351 o Code)
For further information concerning	this matter, please call:	·
_		
Name of Contact F	erson) at	(454) 562-0411 (Area Code & Daytime Telephone Number)
Enclosed is a \$35.00 check made p		
Division P.O. Box	ddress: ent Section of Corporations 6327	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

statement of char	rovisions of sections 607.0502, 617 age is submitted for a corporation of to change its registered office or re	organized under the laws of the St	tate of FWRION
1. The name of th	ne corporation: VALVEC	6 CORP	
	office address: 10001 NU	1	
3. The mailing ac	ddress (if different):		
4. Date of incorp	oration/qualification: 04/03/	05 Document number:	P050000 8/214
	street address of the current registe ment of State: (If resigned, enter re		n file with the
	Sauce Barrer	4 4	
	10001 NW 50 ST.	SUTE 112	ment
	SUNGE, FL 33	3351	
6. The name and (if changed):	street address of the new registered		ered office SSE
	Jose Luis R	COMERO	
	10001 NW 50 ST. (P.O. Box NOT according	SUITE 112 eptable)	
	Sudrise, FL	33351	
The street address as changed will	ss of its registered office and the s	street address of the business off	ice of its registered agent,
Such change was authorized by the	s authorized by resolution duly ade e board, or the corporation has be	lopted by its board of directors on notified in writing of the char	or by an officer so nge.
/ (Nignatur	e of an officer of director)	SAULO BAR (Printed or typed	
I hereby accept i I further agree to of my duties, and document is beir corporation has	the appointment as registered age to comply with the provisions of all I am familiar with and accept th ag filed merely to reflect a change been notified in writing of this ch	ent and agree to act in this capac Il statutes relative to the proper of the obligation of my position as re the in the registered office address, ange.	city. and complete performance egistered agent. Or, if this , I hereby confirm that the
	The same	11-01-0	08
	nature of Registered Agent)	(Date)	
If signing on bel	nalf of an entity:		
(T)	yped or Printed Name)		

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

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