PD500084033

(R	lequestor's Name)	
(A	ddress)	
(A	ddress)	
(C	ity/State/Zip/Phone #)	
PICK-UP	MAIT	MAIL
(B	usiness Entity Name)	<u> </u>
(D	ocument Number)	
Certified Copies	Certificates of	Status
Special Instructions to	Filing Officer:	
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	Office Lice Only	



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COVER LETTER

Amendment Section Division of Corporations

TO:

SUBJECT: IN TRASTATE INVESTMENTS : D. (Name of Corporation	EVELOPMENT CORP.
DOCUMENT NUMBER: P050000 84033	
The enclosed Statement of Change of Registered Office/Agent ar	d fee are submitted for filing.
Please return all correspondence concerning this matter to the following	lowing:
HECTOR GUTIERREZ	-
(Name of Contact Perso	on)
[NTRASTATE INVESTMENTS & DE (Firm/Company)	EVELOPMENT CORPORATION
71 S.W. 132 cT. (Address)	
,	
MIAMI, FLORIDA 3318 (City/State and Zip Cod	4
(City/State and Zip Cod	e)
For further information concerning this matter, please call:	
HECTOR GUTIERREZ at (30) (Name of Contact Person)	05 , 281-9726
(Name of Contact Person) (Are	ea Code & Daytime Telephone Number)
Enclosed is a \$35.00 check made payable to the Department of St	ate.
Amendment Section Division of Corporations	Street Address: Amendment Section Division of Corporations
P.O. Box 6327	Clifton Building

2661 Executive Center Circle

Tallahassee, FL 32301

Tallahassee, FL 32314

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

-	provisions of sections 607.0502, 617.050 nge is submitted for a corporation organ		•		
	r to change its registered office or regist				
	he corporation: INTRASTATE 1 office address: 71 S.W. 132				2 PORATIO
3. The mailing ac	ddress (if different):				
4. Date of incorp	oration/qualification: <u>TUNE 9, 200</u>	05 Docur	nent number: P0500	0084033	
5. The name and Florida Depart	street address of the current registered a ment of State:	gent and reg	istered office on file with	ı the	
	HECTOR GUTIERREZ	•			
	71 S.W. 132 CT.	····			
	MIAMI, FLORIDA 331	84			
6. The name and (if changed):	Street address of the new registered ager	nt (if change	d) and /or registered offic	OG APR	D
	HECTOR GUTIERR	€2		Jasst Anti-	-3-2-2-2-2-2-2-2-2-2-2-2-2-2-2-2-2-2-2-
	1841 S.W. 152 CT	<u> </u>			[1]
	(P.O. Box NOT acceptable MIAMI, FLORIDA 331			3: 55 STATE LORID/	
The street addres as changed will b	ss of its registered office and the street be identical.	address of t	he business office of its	registered agent,	,
Such change was authorized by the	s authorized by resolution duly adopted e board, or the corporation has been no	d by its boar stified in wri	d of directors or by an outing of the change.	officer so	
,	Julies of director)	Wice	PRESIDENT (Printed or typed name and titl	lal	
I hereby accept to I further agree to of my duties, and document is bein corporation has	he appointment as registered agent an o comply with the provisions of all stat I I am familiar with and accept the obl g filed merely to reflect a change in th been notified in writing of this change.	d agree to a utes relative igation of m e registered	et in this canacity		e s !
Huter	. Julier	Ma	RCH 22,200	6	
(Sign If signing on beh	nature of Registered Agent)		(Date)		
(Ty	ped 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)