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HSP 109

COVER LETTER

TO:	Amendment Division of	Section Corporations					
SUBJ	IECT:		uds, Inc. of Corporation				
DOC	UMENT NUN	1BER: P	05000098421				
The e	nclosed Statem	nent of Change of Registered C	Office/Agent and fee are submit	tted for filing.			
Please	e return all cor	respondence concerning this m	atter to the following:				
	_		k Miranda f Contact Person	<u> </u>			
		Name o	t Contact Person				
Soft Zuds, Inc.							
	•	Fin	n/Company				
	6721 S. Waterway Drive						
	•	<u></u>	Address				
	Miami, Florida 33155 City/State and Zip Code						
		softzue	dinc@att.net				
			for future annual report notif	fication)			
For fi	urther informat	ion concerning this matter, ple		543-3745			
	Nam	e of Contact Person	Area Code & Dayti	543-3745 me Telephone Number			
Enclo	osed is a \$35.00	Check made payable to the D	epartment of State.				
		Mailing Address: Amendment Section Division of Corporation P.O. Box 6327 Tallahassee, FL 32314	Clifton Buildi	ection orporations ng /e Center Circle			

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

statement of cha	inge is submitted for a co	orporation organized	507.1508, or 617.1508, Flo d under the laws of the Stat	_{e of} <u>Florida</u>
in orde	r to change its registered	d office or registered	d agent, or both, in the State	e of Florida.
	the corporation: Soft Z			
2. The principal	office address: 6721 S	S. Waterway Driv	/e	
	Mi <u>ami,</u>	Florida 33155		
3. The mailing a	nddress (if different):			
4. Date of incorp	poration/qualification: _	7/14/2005	Document number:	P05000098421
	d street address of the curtment of State: (If resign		at and registered office on f	ile with the
	Ramiro Rivera			
	407 Lincoln Road,	Suite 500		74 B -n
	Miami, Florida331	39		五百二
6. The name and (if changed):	d street address of the ne	w registered agent (if changed) and /or register	TALLAHASSA CELLORIE
	Erik Miranda			
	6721 S. Waterway	/ Drive P.O. Box NOT ac	centable	
	Miami, Florida 331		Copulation	
The street addr	ess of its registered offi I be identical.	ce and the street ad	dress of the business offic	e of its registered agent,
Such change w authorized by t	as authorized by resolu he doard, or the corpora	tion duly adopted bation has been notif	y its board of directors or ied in writing of the chang	by an officer so ge.
	ife of an officer or director		ERIK MFRANDA Printed or typed nam	ne and title
I hereby accept I further agree of my duties, an document is be corporation ha	t the appointment as reg to comply with the prov nd I am familiar with ar ing filed merely to refle s been notified in writir	gistered agent and a visions of all statute nd accept the obliga ict a change in the i ng of this change.	agree to act in this capaci es relative to the proper a ation of my position as reg egistered office address, a	ty. nd complete performance vistered agent. Or, if this I hereby confirm that the
lir	mind		\\-\ \- \ \- \\O9	
Si	gnature of Registered Agent		Date	
If signing on be	ehalf of an entity:			
	Typed or Printed Name			
	Then or crimen Hame			

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 * * *