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## **COVER LETTER**

TO: Amendment Section Division of Corporations
SUBJECT: MaxivesTors, Inc. (Name of Corporation)
DOCUMENT NUMBER: <u>805000101248</u>
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:
Mame of Contact Person)  (Name of Contact Person)
Maxivestons Inc (Firm/Company)
13800 S.W. 8 STreet # 449 (Address)
Miami, Florida 33184 (City/State and Zip Code)
For further information concerning this matter, please call:
A/berTo Naon Jr. at (786) 303-26/5 (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  Street Address: Amendment Section

**Division of Corporations** 

Tallahassee, FL 32301

2661 Executive Center Circle

Clifton Building

Division of Corporations

Tallahassee, FL 32314

P.O. Box 6327

CR2E045 (8/05)

TO:

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

Pursuant to the provisions of secti statement of change is submitted for the in order to change its reg	or a corporation	organized u	nder the laws	of the State	of Florid	
1. The name of the corporation:	Maxir	cstors	Inc	4		
2. The principal office address:	13800	5. w	8 150	ect,	# 449	
3. The mailing address (if different	t):			· · · · · · · · · · · · · · · · · · ·		
4. Date of incorporation/qualificati	on: 7/19	105	Document nu	mber: <u>/</u>	0500010	2/248
5. The name and street address of t Florida Department of State:	he current regis	tered agent a	nd registered	office on fil	e with the	د بودستشده ساست او پهر
Alber	To Na	on Jr.				
//02						
Miam	i Flo-	ida 3	3/82			
6. The name and street address of t (if changed):	he new register	ed agent (if cl	hanged) and /	or registered	d office SSEE F	ED
	To No. Bricker (P.O. Box NOT a	// Ave	nuc, c	Suite	100	<b>09</b>
The street address of its registere as changed will be identical.	d office and the	street addre	ss of the bus	iness office	of its registered	agent,
Such change was authorized by rauthorized by the board, or the co						
(Signature of an officer or direct	or)		1/6erTo	d or typed name	Jr (	President
I hereby accept the appointment of I further agree to comply with the of my duties, and I am familiar we document is being filed merely to corporation has been notified in	as registered ag e provisions of a ith and accept t reflect a chang writing of this c	gent and agreall statutes re the obligation to in the reginance.	ee to act in the elative to the n of my posit stered office	his capacity proper and ion as regis address, I h	complete perfoi tered agent. Or hereby confirm t	rmance · if this hat the
(Classes of Benjatand A	(mat)	- <del></del>	June	27	2006	
(Signature of Registered Ag	;ciu)			(17810)		
(Typed or Printed Name)	*** [7]]	- NG FEE: \$3	5.00 * * *			

Make Checks payable to Florida Department of State
Mail to: Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314