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COVER LETTER

TO: Amendment Section Division of Corporations
SUBJECT: Lillian a Real PA Name of Corporation
DOCUMENT NUMBER: P05000101886
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:
Lilliana Real Name of Contact Person
Lilliana Real P.A.
1101 Bricher Avenue, Suite 1861 Address
City/State and Zip Code
Lilliana a Treatpa. com
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Liliana Real at (35) 285.2452 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 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

TO:

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

statement of change is submitted for a corporation organized under the laws of the State ofin order to change its registered office or registered agent, or both, in the State of Florida.
1. The name of the corporation: Liliana Real, PA.
2. The principal office address: 101 Brickels Arenve, 50/16/180, m, and R 33/3/
3. The mailing address (if different):
4. Date of incorporation/qualification: 7/20/05 Document number: P05000/0/8
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)
211/10ne Real, Esq. 377 Brichen Avenue Suite 1270
m, m, R. 33131
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):
Jilliana Real, Esq.
1101 Bricher Arense, Suite 1881 P.O. Box NOT acceptable
101ami , PC 33/31
The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.
Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.
Signature of an officer or director Printed or typed name and title P(45)
I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.
5/18/29 380
Signature of Registered Agent If signing on behalf of an entity:
Typed 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)