P05000101990

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Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
		
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COVER LETTER

TO: Amendment Section **Division of Corporations**

Stelia Inc SUBJECT

Name of Corporation

P05000101990 DOCUMENT NUMBER

MIN WAR 21 AM 6: 43 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:

Stephen Pineda

Name of Contact Person

Stelia

Firm/Company

2937 sw 156th avenue

Address

miami, fl 33185

City/State and Zip Code

stephen@steliainc.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

stephen pineda

431-3242 de & Daytime Telephone Number

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Name of Contact Person

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

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

1. The name of	The corporation: Stelia Inc
2. The principa	I office address: 2937 SW 156th avenue
	FL 33185
3. The mailing	address (if different):
4. Date of inco	rporation/qualification: 07/20/2005Document number: P05000101990
5. The name an	nd street address of the current registered agent and registered office on file with the artment of State: (If resigned, enter resigned)
	Melissa Shust
	2937 SW 156th Avenue
	Miami, FL 33185
6. The name an (if changed):	Miami, FL 33185
	Melissa Pineda
	2937 SW 156th Avenue
	P.O. Box NOT acceptable
	Miami, FL 33185

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

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 regisiered office address, I hereby confirm that the corporation has been notified in writing of this change.

Signature of Registered Agent

If signing on behalf of an entity:

Evned 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 (03/12)