## P05000104157

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## **COVER LETTER**

TO:	Amendment Section Division of Corporations					
SUBJ	JECT: NOVATECH INTERNATIONAL, INC.  Name of Corporation	ration				
DOCU	UMENT NUMBER: P05000104157					
	enclosed Statement of Change of Registered Office/Ag	ent and fee are submitted for filing.				
Please	e return all correspondence concerning this matter to t	he following:				
	VICTOR CRISTIAN					
Name of Contact Person						
	NOVATECH INTERNATIONAL, II					
	Firm/Compa	ny				
	3470 NW 82 AVENUE, SUITE 790	<u> </u>				
	Address					
	MIAMI, FL 33122					
City/State and Zip Code						
	vc@novatech.bz					
E-mail address: (to be used for future annual report notification)						
For fu	further information concerning this matter, please call:					
VICT	TOR CRISTIAN ai	<sub>1</sub> (305 )471-4824				
	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

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

Pursuant to the provisions of sections 607.  statement of change is submitted for a corp in order to change its registered of	poration organized under the laws	s of the State of FLORIC		
1. The name of the corporation: NOVATE	CH INTERNATIONAL, INC			
2. The principal office address: 3470 NW				
3. The mailing address (if different): SAM	E AS ABOVE			
4. Date of incorporation/qualification: 7-2	26-2005 Document no	umber: P0500010415	7	
5. The name and street address of the curre Florida Department of State: (If resigned		office on file with the		
M&C ACCOUNTING	SERVICES INC.			
8249 NW 36TH STREET SUITE 211				
DORAL, FL 33166		· · · · · · · · · · · · · · · · · · ·		
6. The name and street address of the new (if changed):  VICTOR CRISTIAN	registered agent (if changed) and	/or registered office	SECRETAR TALLAHASS 12 JUL 19	
	E CUITE 700		IARY ASSE	
P.O. Box NOT acceptable			<b>P</b>	
MIAMI, FL 33122			STATE LORID P: 53	
The street address of its registered office as changed will be identical.	and the street address of the bus	iness office of its registe	red agent,	
Such change was authorized by resolution authorized by the board, or the corporation				
Signature of an officer or director	VICTOR CRIS	STIAN-CFO For typed name and title		
I herety accept the appointment as regis I further agree to comply with the provis performance of my duties, and I am fami agent. Or, if this document is being filed hereby confirm that the corporation has	tered agent and agree to act in the ions of all statutes relative to the liar with and accept the obligation I merely to reflect a change in the been notified in writing of this ch	his capacity.  I proper and complete  In of my position as regi  I registered office addre.  I hange.	stered ss, I	
Juhn afry	JULY 17, 201			
Signature of Registered Agent  If signing on behalf of an entity:		Date		
VICTOR CRISTIAN  Typed or Printed Name				

\* \* \* FILING FEE: \$35.00 \* \* \*