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(Re	questor's Name)	
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(City	y/State/Zip/Phone	e #)
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SECRE LARY OF STATE
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COVER LETTER

TO: Amendment Section Division of Corporations			
SUBJECT: VYCA CORP. (Name of Corporation)			
DOCUMENT NUMBER: P05000118315			
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:			
Victor Ruido			
(Name of Contact Person)			
VYCA CORP. (Firm/Company)			
(Pittil/Company)			
3940 Segovia St. (Address)			
(1.44.400)			
Coral Gables, Fl. 33134 (City/State and Zip Code)			
For further information concerning this matter, please call:			
Victor Ruido at (305) 803 8909 (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 Street Address: Amendment Section Division of Corporations			

Clifton Building

2661 Executive Center Circle

Tallahassee, FL 32301

P.O. Box 6327

Tallahassee, FL 32314

CR2E045 (8/05)

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

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or statement of change is submitted for a corporation organized under the lambda in order to change its registered office or registered agent, or b	aws of the State of Florida
1. The name of the corporation: VYCA CORP.	om, m me siale of Fioriaa.
2. The principal office address: 3940 Segovia St Coral Gables,	Fl. 33134
3. The mailing address (if different):	
4. Date of incorporation/qualification: August 24, 2005 Documen	t number: P05000118315
5. The name and street address of the current registered agent and register Florida Department of State:	red office on file with the
Freddy Farfan	
1000 Brickell Avenue - Ste. 1005	
Miami, Fl. 33131	TSE 9 T
6. The name and street address of the new registered agent (if changed) a (if changed):	and /or registered office
Cabanas & Associates, P.A.	Fig. 3
10520 NW 26th Street - Ste. C 201	FLORITA 9: 16
(P.O. Box NOT acceptable) Doral, Fl. 33172	DE .
The street address of its registered office and the street address of the as changed will be identical.	
Such change was authorized by resolution duly adopted by its board of authorized by the board, or the corporation has been notified in writing	of directors or by an officer so g of the change.
Victor Rui	do Printed or typed name and title)
I hereby accept the appointment as registered agent and agree to act I further agree to comply with the provisions of all statutes relative to of my duties, and I am familiar with and accept the obligation of my procument is being filed merely to reflect a change in the registered of corporation has been potified in writing of this change.	in this capacity. The proper and complete performance constitution for the property of this constitution is the property of th
	er 14, 2007
(Signature of Registered Agent)	(Date)
If signing on behalf of an entity:	
Joseph F. Cabanas (Typed or Printed Name)	
* * * #H ING FFF: \$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)