POS000155372

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COVER LETTER

TO: Amendment Section Division of Corporations			
SUBJECT: AGRIVA PLUS, Inc. (Name of Corporation)			
DOCUMENT NUMBER: P05000155372			
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:			
Hernan Jasin (Name of Contact Person)			
AGRIVA PLUS, INC (Firm/Company)			
14638 SW 35th Court (Address)			
Miramar , Florida 33027 (City/State and Zip Code)			
· · · · · · · · · · · · · · · · · · ·			
For further information concerning this matter, please call:			
Hernan Jasin at (954) 663-9065 (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

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

Pursuant to the provisions of sections 607.0502, 617.050 skitement of change is submitted for a corporation organ	_	_		
in order to change its registered office or registe				
1. The name of the corporation: AGRIVA PLUS, INC.				
2. The principal office address: 4645 S. 87th Drive		·		
Lake Worth, Florida 33467				
3. The mailing address (if different):				
4. Date of incorporation/qualification: 11/23/2005	Document number: P0500015	5372		
5. The name and street address of the current registered a Florida Department of State:	gent and registered office on file with th	ie		
Susana Marun				
2000 NW 29 Road		ALL SE		
Boca Raton, FL 33431		CRET CREET		
6. The name and street address of the new registered ager (if changed):	nt (if changed) and /or registered office	IARY OF		
Hernan Jasin	Part 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1			
14638 SW 35th Court		38 38		
(P.O. Box NOT acceptable)				
Miramar, FL 33027				
The street address of its registered office and the street as changed will be identical.	address of the business office of its re	gistered agent,		
Such change was authorized by resolution duly adopted authorized by the board, or the corporation has been no	d by its board of directors or by an offi tified in writing of the change.	icer so		
(Signature of an oblicer or director)	Carlos Sirera, Director			
I hereby accept the appointment as registered agent an I further agree to comply with the provisions of all stat of my duties, and I am familiar with and accept the oblacoument is being filed merely to reflect a change in the corporation has been notified in writing of this change.	tutes relative to the proper and comple ligation of my position as registered as the registered office address. I hereby to	•		
tent	4/30/2006			
(Signature of Registered Agent)	(Date)			
If signing on behalf of an entity:				
(Typed or Printed Name)				
* * * FILING FE	Œ: \$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)