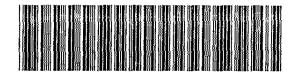
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SECRETARY OF STATE
ALLAHASSEE, FLOREIS

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## **COVER LETTER**

TO: Amendment Section Division of Corporation					
SUBJECT: AMBUSA	ALES, INC. (Name of Corp.	oration)			
DOCUMENT NUMBER	: P06000003060				
The enclosed Statement of	Change of Registered Office/A	gent and fee are submitted for filing.			
Please return all correspondence concerning this matter to the following:					
MARI	A I RODRIGUEZ (Name of Contac	et Person)			
AMBL	JSALES, INC. (Firm/Comp	pany)			
406 CONSERVATION DRIVE (Address)					
FT LAUDERDALE, FL 33314 (City/State and Zip Code)					
For further information con	ncerning this matter, please call:				
MARIA I RODRIGUEZ (Name of C	Z Contact Person)	at ( 954 ) 659-7999 (Area Code & Daytime Telephone Number)			
Enclosed is a \$35.00 check made payable to the Department of State.					
D P.	Iailing Address: mendment Section livision of Corporations O. Box 6327	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

statement of cha	provisions of sections 607.0502, 617.0502, 607.1508, or 617 ange is submitted for a corporation organized under the laws er to change its registered office or registered agent, or both,	of the State of FLO	ORIDA	
1. The name of	the corporation: AMBUSALES, INC			
	office address: 5310 STATE ROAD 84, FT LAUDERD	DALE, FL 33314		
3. The mailing a	address (if different): 406 CONSERVATION DRIVE W	/ESTON, FL 333	327	
4. Date of incorp	poration/qualification: 01/06/2006 Document nu	mber: P0600000	3060	·
	d street address of the current registered agent and registered or runent of State:	office on file with th	e	
	CRISTOBAL MILLAN		÷. •	
	406 CONSERVATION DRIVE	· _	SECR SECR	
	WESTON, FL 33327		CRETAR	
6. The name and (if changed):	d street address of the new registered agent (if changed) and /	or registered office	PH 2: 08 Y OF STATE SEE. FI OFILE	T C
	MARIA I RODRIGUEZ		OFFICE OF	
	406 CONSERVATIO DRIVE		المبية. د	
	(P.Ö. Box NOT acceptable) WESTON, FL 33327		-	w~g. ~
The street addre	ess of its registered office and the street address of the busis	ness office of its reg	gistered agent,	,
Such change wa authorized by th	as authorized by resolution duly adopted by its board of dir he board, or the corporation has been notified in writing of	ectors or by an offithe change.	cer so	
Evertof Signatur		MILLA, PRESIL	DENT	
oj my auties, an document is bei	t the appointment as registered agent and agree to act in the to comply with the provisions of all statutes relative to the and I am familiar with and accept the obligation of my positions filed merely to reflect a change in the registered office as been motified in writing of this change.  JULY 24, 20	on as registered ag address, I hereby co	te performanc ent. Or, if thi onfirm that the	e s
	gnature of Registered Agenty	(Date)		•
If signing on be  MARA	Ehalf of an entity:			
<del></del>	Typed or Printed Name)	. 64		4.27

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