

P06000015541

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

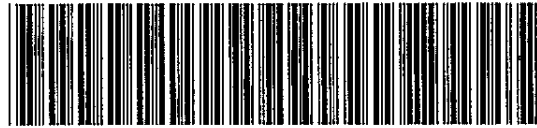
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TALMADGE, ILLINOIS
SECRETARY OF STATE

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Convian, Inc.
(Name of Corporation)

DOCUMENT NUMBER: PO6000015541

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:

Concepcion Balladarez
(Name of Contact Person)

Convian, Inc.
(Firm/Company)

13125 SW 64 Terr #1104
(Address)

Miami, FL 33183
(City/State and Zip Code)

For further information concerning this matter, please call:

Vivian S. Balladarez at (305) 388-9057
(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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

April 4, 2006

JENNIE ACOSTA
CONVIAN, INC.
15811 S.W. 79TH TERRACE
MIAMI, FL 33193

SUBJECT: CONVIAN, INC.
Ref. Number: P06000015541

We have received your document for CONVIAN, INC. and check(s) totaling \$43.75. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

Articles of Correction must be filed within 30 days of the file date of the document that is being corrected. As the time period for filing Articles of Correction has expired, an amendment to the articles of incorporation could be filed at this time.

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6905.

Thelma Lewis
Document Specialist Supervisor

Letter Number: 606A00022755

**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 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of FLORIDA in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: Convian, Inc.
2. The principal office address: 13125 SW 64 Terr #1104
Miami, FL 33183
3. The mailing address (if different): _____

4. Date of incorporation/qualification: 2/2/2006 Document number: P06000015541

5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:

JENNIE ACOSTA
15811 SW 79th Terr.
Miami, FL 33193

6. The name and street address of the new registered agent (if changed) and/or registered office (if changed):

Vivian S. Balladarez
13125 SW 64 Terr #1104
Miami, FL 33183
(P.O. Box NOT acceptable)

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.

Balladarez
(Signature of an officer or director)

Concepcion Balladarez
(Printed or typed name and title)

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

HABBS
(Signature of Registered Agent)

5/2/06
(Date)

If signing on behalf of an entity:

(Typed 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 (8/05)

FILED
06 MAY -5 AM 11:50
TALLAHASSEE, FL
SECRETARY OF STATE