## P06000022893

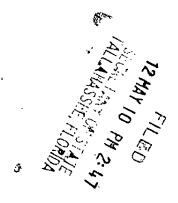
(Requestor's Name)		
(Address)		
(Δά	dress)	
(//0/	u1e33)	
(Cit	y/State/Zip/Phon	e #)
PICK-UP	WAIT	MAIL
(Bu	siness Entity Nar	me)
·		
(Do	cument Number)	<u> </u>
(00		
0.10.10.1	0.00	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
	,	

Office Use Only



300234892603

05/10/12--01026--009 \*\*35.00



MAN 14 2012 C. MUSTAIN

Wer.

## 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 in order to change its registered office or registered agent, or both, in the State of Florida.
1. The name of the corporation: First Oublity & Aboratory, Inc.
2. The principal office address: 11460 Interchouge Gecle Worth,
MESMAR, FL. 33025
3. The mailing address (if different):
4. Date of incorporation/qualification: 03-2/-20/2 Document number: 06000028893
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)
Cristina Ordonez (Resigned)
11460 Interchouge Ciede Worth,
MIRAHAR, FL. 33025
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):
MARIA GARCÍA
11460 Interchauge Ciecle Worth,
MIRBURE, FL. 33025
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.
Signature of an officer or director USEIA Grava - Persident  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.
Signature of Registered Agent  OV/08/2012  Date
If signing on behalf of an entity:
Typed or Printed Name

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR2E045 (8/05)

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