P06000027110

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	(Requestor's Name)
	(Address)
,	(Address)
	(City/State/Zip/Phone #)
PICK-U	P WAIT . MAIL
	(Business Entity Name)
	(Document Number)
	(Document Number)
Certified Copies	Certificates of Status
Special Instructions	s to Filing Officer:
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COVER LETTER

TO: Amendment Section Division of Corporations		
SUBJECT: Exicon Export In C. Name of Corporation		
DOCUMENT NUMBER: PO600027110		
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:		
Leonardo Urdan eta Name of Contact Person		
Exicon Export, Inc.		
12105 SW 130 St. # 204 Address		
Mianu, FL 33186 City/State and Zip Code		
E-mail address: (to be used for future annual report notification)		
For further information concerning this matter, please call:		
Cmily Cintado Name of Contact Person at (305) 278 • 6999 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, 617.0502, 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: &xicon Export, Inc.
2. The principal office address: 12105 SW 130 Street #204 Mianu ,FL 33186
3. The mailing address (if different):
4. Date of incorporation/qualification: <u>02/22/2006</u> Document number: <u>P0600027110</u>
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)
Florida Department of State: (If resigned, enter resigned) Ropport, Stephen T.
201 Alhambra Circle, Suite 7118 7 m
Coral Gables, FL 33134 The record address of the new projectored agent (if changed) and for registered affice
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):
Maria J. Paredes De Urdaneta
12105 SW 130 Street #204 P.O. Box NOT acceptable
Miami, FL 33186
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 of the corporation has been notified in writing of the change.
Signature of an officer or director Leonardo Urdan et al. Printed or typed name and little
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 (Registered Agent Date
If signing on behalf of an entity:
Maria J. Paredes De Urdaneta. Typed or Printed Name

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