## POWWO 350ax

(Re	equestor's Name)	
(Ac	ldress)	
(Ac	idress)	<del></del>
(Cit	ty/State/Zip/Phone	· #)
PICK-UP	☐ WAIT	MAIL
. (Bu	siness Entity Nam	ne)
. (Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
:.		

Office Use Only

1140



500137465375

11/03/08--01011--003 \*\*35.00

THE LELY OF STATE SECRETARY OF STATE

When &

## **COVER LETTER**

Amendment Section Division of Corporations

TO:

SUBJECT: BERMELLO, AJAMIL INTERNATIONAL, INC. (Name of Corporation)
DOCUMENT NUMBER: P06000035024
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:
ERIN C. HIGGINS (Name of Contact Person)
SUN DOCUMENT FILINGS (Firm/Company)
1008 "S" STREET, SUITE C (Address)
SACRAMENTO, CA 95811 (City/State and Zip Code)
For further information concerning this matter, please call:
ERIN C. HIGGINS at ( 916 ) 498-0800 (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  Street Address: Amendment Section Division of Corporations Clifton Building

Tallahassee, FL 32314

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 607.0302, 617.0302, 607.1308, or 617.1308, 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: BERMELLO, AJAMIL INTERNATIONAL, INC.
2. The principal office address: 2601 SOUTH BAYSHORE DRIVE, 10TH FLOOR
MIAMI, FL 33133 USA
3. The mailing address (if different):
4. Date of incorporation/qualification: 03/09/2006 Document number: P06000035024
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)
INCORP SERVICES, INC.
17888 67TH COURT NORTH
LOXAHATCHEE, FL 33470
5. The name and street address of the new registered agent (if changed) and /or registered office (if changed):
NRAI SERVICES, INC.
2731 EXECUTIVE PARK DRIVE, SUITE 4  (P.O. Box NOT acceptable)
WESTON, FL 33331
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 other of director)  DIANA GARCIA, CFO (Printed or typed name and title)
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 locument 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) 10/30/08 (Date)
If signing on behalf of an entity:

ERIN C. HIGGINS, ASST. SECRETARY ON BEHALF OF NRAI SERVICES, INC., REGISTERED AGENT (Typed or Printed Name)

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