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COVER LETTER

TO: Anxendment Division of O	Section Corporations				
SUBJECT:	Picado Ente	prises			
	Name of Co	rporation			
DOCUMENT NUM	IBER:P060	00050335			
The enclosed Statem	ent of Change of Registered Office.	Agent and fee are submitted for filing.			
Please return all corr	espondence concerning this matter	to the following:			
	,	•			
	Andres F	Picado			
_	Name of Con				
N/A					
_	Firm/Co	mpany			
_	6801 NW 77 A				
_	Addr	ess			
	Miami, FL City/State and	. 33166			
_	City/State and	l Zip Code			
	Andros@nro	oc com			
	Andres@pro E-mail address: (to be used for fu	ture annual report notification)			
	(
For further informati	on concerning this matter, please ca	ull:			
A	Andres Picado	at (305) 884-0882			
	e of Contact Person	at (305) 884-0882 Area Code & Daytime Telephone Number			
Enclosed is a \$35.00	check made payable to the Departr	nent of State.			
	Mailing Address:	Street Address:			
	Amendment Section	Amendment Section			
	Division of Corporations P.O. Box 6327	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

statement of cha	ange is submitted for a co	rporation organize	607.1508, or 617.1508, Flo ed under the laws of the Sta d agent, or both, in the Sta	_{ite of} Florida
	the corporation: Picade			
	•		ni, Suite 112 FL 3316	66
3. The mailing a	address (if different):			
4. Date of incor	poration/qualification:	04/05/06	Document number:	P06000050335
	d street address of the cur rtment of State: (If resign		nt and registered office on t	file with the
	Andres Picado			
	1120 SW 103 A	venue		 بہ
	Pembroke Pine	s: FL 33025		TALLAR SECRETAR See of fice 850
6. The name and (if changed):	d street address of the nev	v registered agent (if changed) and /or register	red office SSE
	Andres Picado			— Pg · ·
	6801 NW 77 Ave S	P.O. Box NOT as		ORIGINAL ST
The street addr as changed will	ess of its registered offic l be identical.	e and the street ad	dress of the business offic	ee of its registered agent,
Such change wathorized by t	as authorized by resoluti he board, or the cornorat	on duly adopted bion has been notif	y its board of directors or led in writing of the chan	by an officer so ge.
Signati	ure of an officer or director		Andres Picad	o President
I harahy accan	t the appointment as rea	istered agent and a sions of all statute d accept the obliga t a change in the i t of this change.	agree to act in this capacies relative to the proper a ation of my position as reg egistered office address,	ty, ad complete performance gistered agent. Or, if this I hereby confirm that the
			12/22/,	10
`	enature of Registered Agent chalf of an entity:		Pate	
Р	icado Enterprises 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 * * *