## P060008156K

(Requestor's Name)	
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## **COVER LETTER**

Amendment Section Division of Corporations

TO:

	PUCTEDIA TUG					
SUBJECT:	(Name of Corporation)					
	(Name of Corporation)					
DOCUMENT NUMBER	R: POG 0000 81564	<del></del>				
The enclosed Statement of	of Change of Registered Office/Agent and for	ee are submitted for filing.				
Please return all correspo	ndence concerning this matter to the follow	ring:				
	POLANCO , ALEJANDRO G	ç.				
	(Name of Contact Person)					
	BIGEFALO LNC					
	(Firm/Company)					
	2719 MISTY OAKS CIRC	LE				
	(Address)					
	ROYAL PALM BEACH, FL.	33411				
	(City/State and Zip Code)					
For further information co	oncerning this matter, please call:					
(Name of	Contact Person) at (	) Code & Daytime Telephone Number)				
Enclosed is a \$35.00 chec	ck made payable to the Department of State					
	Amendment Section An	reet Address: nendment Section				
		vision of Corporations				

2661 Executive Center Circle Tallahassee, FL 32301

Tallahassee, FL 32314

## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

Pursuant to the proving statement of change	is submitted for a c	orporation organi	zed under the	laws of the State	e of
	change its registere		-	oin, in the State	of Fioriaa.
1. The name of the co					
2. The principal office		7108 COLO			
3. The mailing addre		LAKE WORT		467	
4. Date of incorporat	ion/qualification: _	06 /14 / 200	Documer	nt number:	P06000081564
5. The name and stre Florida Departmen		rrent registered ag	ent and registe	ered office on fi	le with the
		POLANCO , ALE	JANDRO G		
	,	7108 COLONY	CLUB DR.	# 107	DT JI
		LAKE WORTH			
6. The name and stre (if changed):	et address of the ne	ew registered agen	t (if changed) a	and /or registere	T JUN 15 AM 8: 31  SECRICA HASSEE, FLORI ALLAHASSEE, FLORI
	2	719 MISTY	OAKS CI	'R .	D D
		). Box NOT acceptable)	Cacil 51	27 / 41	
		OVAL PALM B	EACH, FL	. 27411	<del></del>
The street address o as changed will be in	f its registered offi dentical.	ce and the street	address of the	business office	of its registered agent,
Such change was au authorized by the bo	thorized by resolution or the corpora	tion duly adopted ation has been no	by its board of	of directors or language	by an officer so e.
(Signature of	an officer of firector)			NCO , ACCIAND Printed or typed nam	
I hereby accept the a I further agree to co of my duties, and I a document is beingficorporation has fee	appointment as res mply with the prov in familiar with an led marely to refle n notified jn writir	gistered agent and visions of all stati nd accept the obli ct a change in the ng of this change.	l agree to act stes relative to gation of my p registered of	in this capacity the proper an position as regi fice address, I	v. d complete performance stered agent. Or, if this hereby confirm that the
				JUNE 11 74 , 20	07
(Signatur	of Registered Agent) of an entity:			(Date)	
(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)