## P06000101175

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SECRETARY OF STATE TALLAHASSEE, FLORIDA

RO10/8/17/09

## **COVER LETTER**

TO: Amendment Division of C	Section Corporations				
SUBJECT: Instante Financial Network, Inc.					
	Name of C	orporation			
DOCUMENT NUM	BER: P06	000101775			
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:					
	Nicol	e Null			
_	Name of Co		· · · · · · · · · · · · · · · · · · ·		
	Instante Financ	ial Network, Inc.			
		ompany	<del> </del>		
	9356 SW	40 Street			
<del></del>	Add		<del></del>		
	Miami Flo	rida 33165			
•	City/State a	rida 33165 nd Zip Code	<u> </u>		
<del></del>			•		
E-mail address: (to be used for future annual report notification)					
For further informati	on concerning this matter, please	call:			
	NPaula Alvill	205	rro 0000		
Name	Nicole Null of Contact Person	at ( <u>305</u> ) Area Code & Daytime '	559-8822 Telephone Number		
142110	, or contact i cison	Thou cour a buy anno	1 010 p.110 110 110 11		
Enclosed is a \$35.00 check made payable to the Department of State.					
·					
	Mailing Address:	Street Address:			
	Amendment Section	Amendment Section	on		
	Division of Corporations	Division of Corpo	rations		
	P.O. Box 6327	Clifton Building			
	Tallahassee, FL 32314	2661 Executive C	enter Circle		
	-	Tallahassee, FL 3	2301		

CR2E045 (8/05)

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

statement of cha	te provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, F hange is submitted for a corporation organized under the laws of the St der to change its registered office or registered agent, or both, in the St	tate of Florida
1. The name of t	of the corporation: Instante Financial Network, Inc.	
2. The principal	val office address: 9356 SW 40 Street, Miami, Florida 33165	
3. The mailing a	g address (if different):	
4. Date of incorp	orporation/qualification: 08/03/2006 Document number:	P06000101775
	and street address of the current registered agent and registered office or partment of State: (If resigned, enter resigned)	n file with the
	Eduardo Cantera	
	3911 SW 67 Avenue, Second Floor	
	Miami, Florida 33155	
6. The name and (if changed):	nd street address of the new registered agent (if changed) and /or regist	ered office PH 2
	Eduardo Cantera	2
	9356 SW 40 Street	12:40
	P.O. Box NOT acceptable	6
	Miami, Florida 33165	
The street addre as changed will	lress of its registered office and the street address of the business off ill be identical.	ice of its registered agent,
Such change was authorized by the	was authorized by resolution duly adopted by its board of directors of the board, or the corporation has been notified in writing of the cha	or by an officer so nge.
Signatur	ature of an other or director Eduardo Cant	tera, President
I further agrée i of my duties, an document is bei	pt the appointment as registered agent and agree to act in this capace to comply with the provisions of all statutes relative to the proper and I am familiar with and accept the obligation of my position as receiving filed merely to reflect a change in the registered office address been notified in writing of this change.	city, and complete performance egistered agent. Or, if this , I hereby confirm that the
		/2009
-	Signature of Registered Agent Date  hebalf of an entity:	
11 signing on be	behalf of an entity:	
T	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 \* \* \*