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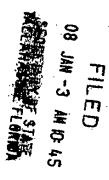
(Requestor's Name)				
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PICK-UP	WAIT '	MAIL MAIL		
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COVER LETTER

Division of Corporations			
SUBJECT: Diversified USA Corporation			
(Name of Corporat	ion)		
DOCUMENT NUMBER: 1			
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:			
Raul L. Ramirez			
(Name of Contact Person)			
Diversified USA Corporation (Firm/Company)			
(Filtin Company)			
18012 NW 78 Avenenu			
(Address)			
Miami, Fl 33015			
(City/State and Zip Code)			
For further information concerning this matter, please call:			
Raul L. Ramirez	305 794-1248		
(Name of Contact Person)	305 794-1248 Area Code & Daytime Telephone Number)		
Enclosed is a \$35.00 check made payable to the Department of State.			
Mailing Address: Amendment Section	Street Address:		
Amendment Section Division of Corporations	Amendment Section Division of Corporations		
P.O. Box 6327	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	nge is submitted for a corporation organi	2, 607.1508, or 617.1508, Florida Statutes, this ized under the laws of the State of Floridared agent, or both, in the State of Florida.
1. The name of t	he corporation: Diversified USA Corp.	·
2. The principal	office address: 18012 NW 78 Avenenu	
Miami, Fl 33	015	
3. The mailing a	ddress (if different): same	
4. Date of incorp	poration/qualification: 91200	2 Document number: PX6000117839
	street address of the current registered ag tment of State:	gent and registered office on file with the
	Diversified USA Corporation	
	18012 NW 78 Avenenu	,
	Miami, Fl 33015	
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed): Diversified USA Corporation		
	10580 NW 27 Street	
	(P.O. Box NOT acceptable)	
	Doral, FL 33172	
The street addre as changed will	ess of its registered office and the street abe identical.	address of the business office of its registered agent,
Such change wa authorized by th	as authorized by resolution duly adopted the board, or the corporation has been no	by its board of directors or by an officer so tified in writing of the change.
Aroun	un f	Raul L. Ramirez
I hereby accept I further agree to of my duties, an document is bei	the appointment as registered agent and comply with the provisions of all state of I am familiar with and accept the obling filed merely to reflect a change in the been notified in writing of this change.	(Printed or typed name and title) d agree to act in this capacity. tes relative to the proper and complete performance gation of my position as registered agent. Or, if this e registered office address, I hereby confirm that the
Saw	<u>wf</u>	12/28/2007
(Sig	mature of Registered Agent)	(Date)
If signing on be	half of an entity:	
Т)	yped or Printed Name) * * * FILING FE	E: \$35.00 * * *

Make checks payable to Florida Department of State Mail to: Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314