Condiese) Constant C	_
(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	
<u> </u>	
(Business Entity Name)	,
(Document Number)	
Certified Copies Certificates of Status	<u>, </u>
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ZOOD AUG -4 AM 9: 39
SECRETARY OF STATE

COVER LETTER

Amendment Section Division of Corporations TO:

SUBJECT:	SUBJECT: UNIVERSE REALTY GROUP, INC.					
•	Name of	Corporation				
DOCUMENT NUMBE	R:P0	6000120232	- life			
The enclosed Statement	of Change of Registered Off	ice/Agent and fee are submitted	for filing.			
Please return all correspo	ondence concerning this matt	ter to the following:				
	JUAN A	AMADOR Contact Person				
	rane or e	onact torson				
	UNIVERSE REA	ALTY GROUP, INC.				
Firm/Company						
	1629 S	SE 12th St				
		idress				
en Spensor en Tradación	Cape Cor City/State	al, FL 33990 and Zip Code				
	-	•				
E-m	PROEXITOR(ail address: (to be used for	②YAHOO.COM future annual report notificat	ion)			
	`	· · · · · · · · · · · · · · · · · · ·				
For further information of	concerning this matter, please	e call:				
JUA	N AMADOR	at (239)	645-1894			
Name of	Contact Person	at (239) Area Code & Daytime	Telephone Number			
Enclosed is a \$35.00 che	ck made payable to the Depa	artment of State.				
	Mailing Address: Amendment Section	Street Address: Amendment Section	on			
	Division of Corporations	Division of Corpo				
	P.O. Box 6327 Tallahassee, FL 32314	Clifton Building 2661 Executive C	enter 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 co	rporation organiz	607.1508, or 617.1508, Fl ed under the laws of the Sta ed agent, or both, in the Sta	te of FLORIDA	
1. The name of t	he corporation: UNIVI	ERSE REAL	TY GROUP, INC.		
2. The principal	office address: 1133 D	EL PRADO BL	VD S. SUITE 5		
CAPE CO	RAL, FL 33990		***		
3. The mailing a	ddress (if different): 162	29 SE 12th St			
Cape Co	ral, FL 33990				
4. Date of incorp	ooration/qualification:	09/18/06	Document number:	P06000120232	
	street address of the cur tment of State: (If resign		nt and registered office on	file with the	
	RESIGNED	* ************************************			
		·		2009 AUG SECRET	
				— R & T	
6. The name and (if changed):	street address of the nev	v registered agent	(if changed) and /or register	red office SSR	
	JUAN AMADOR			- F	
	1629 SE 12th ST Cape Coral, FL 33990				
		P.O. Box NOT a	cceptable	<i>y</i>	
The street addre	ess of its registered offic be identical.	e and the street ac	ldress of the business offic	ce of its registered agent,	
Such change wa authorized by th	as authorized by resoluting board, or the corporat	on duly adopted lition has been notified	by its board of directors or fied in writing of the chan	by an officer so ge.	
Signatur	y of an officer or director		JUAN AMADO Printed or typed nar	DR/BROKER	
I hereby accept I further agree t of my duties, an document is beil corporation has	the appointment as regi o comply with the provi d I am familiar with and ng filed merely to reflec been notified in writing	istered agent and isions of all statut d accept the oblig t a change in the g of this change.	agree to act in this capaci es relative to the proper a ation of my position as reg registered office address,	ty. nd complete performance zistered agent. Or, if this I hereby confirm that the	
	Total Angel Angel		7/30/	109	
	half of an entity:		Jaley		
71-	mad on Philaded Mana			•	

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