## P06000146289

(Requestor's Name)
(Address)
(Address)
(Addiess)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Cashess Emily Harris)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
·

Office Use Only



10/28/11--01005--001 \*\*35.00





## COVER LETTER

**TO:** Amendment Section Division of Corporations

SUBJECT: MILES INTER	NATIONAL INVI	ESTMENTS GF poration	ROUP, INC	
DOCUMENT NUMBER:	P060	00146289	· · · · · ·	
The enclosed Statement of Change	e of Registered Office/	Agent and fee are sul	omitted for filing.	
Please return all correspondence c	-	,		
	MARGARITA RO	SA BLANCO		
	Name of Cont	act Person		
	Firm/Con	many	<del></del>	
•	1 mil Con	ipany		
	7119 S.W. §			
	Addre	ss		
	MIAMI, FLOR City/State and	DA 33155		
	City/State and	Zip Code		
	ARGBLANCO26@			
E-mail addres	ss: (to be used for fut	ure annual report n	otification)	
For further information concerning	g this matter, please cal	<b>1</b> :		
MARGARITA ROSA		at ( 786 )	273-6376	
Name of Contact P	erson	Area Code & Da	aytime Telephone Number	
Enclosed is a \$35.00 check made p	ayable to the Departm	ent of State.		
Division P.O. Box	address: ent Section of Corporations 6327 ee, FL 32314	Clifton Bui	t Section Corporations	

Tallahassee, FL 32301

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

Pursuant to the provision's of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of FLORIDA
in order to change its registered office or registered agent, or both, in the State of Florida.  1. The name of the corporation: MILES INTERNATIONAL INVESTMENTS GROUP, INC.
2. The principal office address: 7119 S.W. 53 LANE
MIAMI, FL 33155
3. The mailing address (if different):
4. Date of incorporation/qualification: 11/21/06 Document number: P06000146289
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)
ALBORNOZ, WILLIAM H., ESQUIRE
901 PONCE DE LEON BLVD., SUITE 601
CORAL GABLES, FL 33134
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):
MARGARITA ROSA BLANCO
7119 S.W. 53 LANE
P.O. Box NOT acceptable
MIAMI, FL 33155
The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.
Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.
Signature of an efficience tor Printed or typed name and title
I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.
Signature of Registered Agent Date
If signing on behalf of an entity:  Many of the Political Newsons and the significant of

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