06000148813

(Re	equestor's Name)	
(Ad	ldress)	······································
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(Ci	ty/State/Zip/Phone	÷ #)
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COVER LETTER

TO:	Amendment Section Division of Corporations
SUBJI	ECT: Edmonic Corp. (Name of Corporation)
DOCL	MENT NUMBER: P06000148813
The en	closed Statement of Change of Registered Office/Agent and fee are submitted for filing.
Please	return all correspondence concerning this matter to the following:
	Eduardo Arango (Name of Contact Person)
	Edmonic Corp. (Firm/Company)
	721 Cypress Mr. Pointe DR. W. (Address)
	Pembroke Pines, FL 33027 (City/State and Zip Code)
For fur	ther information concerning this matter, please call:
	Eduardo Arango at (954) 443-9007 (Name of Contact Person) (Area Code & Daytime Telephone Number)
Enclos	ed is a \$35.00 check made payable to the Department of State.
	Mailing Address: Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Street Address: Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

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

Pursuant to the provisions 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 in order to change its registered office or registered agent, or both, in the State of Florida.	
1. The name of the corporation: Edmonic Corp.	
1. The name of the corporation: Edmonic Corp. 2. The principal office address: 721 Cypress Pointe DR West Pembroke Pines, FL 33027	
3. The mailing address (if different):	
4. Date of incorporation/qualification: Nov. 30, 2006 Document number: P06000148813	
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:	
721 Cypress Pointe DR West = 500 9	٠
Pembroke Pines, FL 33027	:
6. The name and street address of the new registered agent (if changed) and /or registered office	
7351 NW 7th street Suite N (P.O. Box NOT acceptable)	
Midni, FL 33/26	
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.	1
Educardo Arango - Presidente (Printed or typed name and title)	計
I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the previsions of all statutes relative to the proper and complete performance of my duties, and I and amiliar 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)	-
If signing on behalf of an entity:	

* * * 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)

(Typed or Printed Name)