Po600156677

(Requestor's Name)			
(Address)			
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PICK-UP WAIT MAIL			
(Business Entity Name)			
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SECRETARY OF ENTIRE

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MAR 14 ZUIZ Tiemieux

COVER LETTER

Enclosed 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

هناه کو	FOR CORI ORATIONS	
statement of char	provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, the new first submitted for a corporation organized under the laws of the State of Florida represents to change its registered office or registered agent, or both, in the State of Florida.	
1. The name of th	he corporation: (AWDEFICES OF CECILLA ARME	
2. The principal of	office address:	d #618
	minni FL. 331	151
3. The mailing ac	ddress (if different):	
4. Date of incorp	poration/qualification: 12/26/04 Document number: P06000	315667
	i street address of the current registered agent and registered office on file with the tment of State: (If resigned, enter resigned)	
	Cecilia aementeros	
	12550 Biscayne Blud # 800.	
	DOETH MIAMI EL 33181	≓ _{ca}
6. The name and (if changed):	d street address of the new registered agent (if changed) and /or registered office	2 Mag
	Cecilia armenteros	ACCEPTAGE
	11900 Biscayne Bluco #618 P.O Box NOT acceptable	
	minmi FC 33181	# 6
The street addre	ess of its registered office and the street address of the business office of its register be identical.	red agent,
Such change wa authorized by th	as authorized by resolution duly adopted by its board of directors or by an officer s board, or the corporation has been notified in writing of the change.	o
Signature	re of an officer or director Cecilia Geme, Printed or typed name and title	Herus
I further agree to of my duties, and document is bein	the appointment as registered agent and agree to act in this capacity. to comply with the provisions of all statutes relative to the proper and complete pe ind I am familiar with and accept the obligation of my position as registered agent. ing filed merely to reflect a change in the registered office address, I hereby confirm s been notified in writing of this change.	rformance Or, if this m that the
<u>Oc</u>	2 3/7/2013	_
	chalf of an entity:	
,	ic armenterus	
T	vped or Printed Name	

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