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(Re	equestor's Name)			
(Ac	ldress)			
(Address)				
(City/State/Zip/Phone #)				
PICK-UP	☐ WAIT	MAIL		
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(Do	ocument Number)	÷ ;		
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06/04/07--01052--004 **35.00

SECRETARY OF STATE OF CORPORATIONS DIVISION OF CORPORATIONS

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COVER LETTER

Division of Corporations					
SUBJECT: Costa Sol Inc					
(Name of Corporation)					
DOCUMENT NUMBER: TAY ID 45-	0549122				
The enclosed Statement of Change of Registered Office/Ag	gent and fee are submitted for filing.				
Please return all correspondence concerning this matter to	the following:				
Elizabeth Costa					
(Name of Contact Person)					
Costa Sol Inc					
(Firm/Comp	any)				
44005 NW 50 Laws					
11325 NW 52 Lane (Address					
(,				
Doral FI 33126					
(City/State and Z	Cip Code)				
For further information concerning this matter, please call:					
Elizabeth Costa	at (_786) 252-0387				
(Name of Contact Person)	at (786) 252-0387 (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	Division of Corporations				
P.O. Box 6327	Clifton Building				
Tallahassee, FL 32314	2661 Executive Center Circle				
	Tallahassee, FL 32301				

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

	-	517.0502, 607.1508, or 617.1508, Flori	· ·
*	-	n organized under the laws of the State	•
in orde	er to change its registered office o	r registered agent, or both, in the State	of Florida.
1. The name of	the corporation: Costa Sol Inc		•
2. The principal	l office address: 11325 NW 52 Ln.	Doral FL	
3. The mailing a	address (if different):		
			070000 M4
4. Date of incor	poration/qualification: 5/10/07	Document number: TAX	0 45 054 9122
5. The name and		stered agent and registered office on file	
	7600 Collins Ave, Miami B	each, Fl 33141	
			
			<u>۔ </u>
6. The name and (if changed):	_	red agent (if changed) and /or registered	office 2007 JUN -4
	11325 NW 52 Lane, Dora	al, FL 33126	707
	(P.O. Box NOT	acceptable)	
The street addr as changed wil	ress of its registered office and th I be identical.	e street address of the business office	of its registered agent,
Such change wauthorized by t	as authorized by resolution duly the board, or the corporation has	adopted by its board of directors or by been notified in writing of the change	an officer so
	Ma.	Elizabeth (bla - Vousdest.
I hereby accept I further agree of my duties, an document is be	ture of an officer or director) If the appointment as registered a to comply with the provisions of Ind I am familiar with and accept ing filed merely to reflect a chan is been notified in writing of this	gent and agree to act in this capacity, all statutes relative to the proper and the obligation of my position as regis ge in the registered office address, I he change.	
	- Da	Elizaseth	Cota 5/3/107
(S)	ignature Registered Agent)	(Date)	
If signing on be	ehalf of an entity:		
		_	
((Typed or Printed Name)		

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

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

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