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COVER LETTER

Division of Corporations

7000014448 **DOCUMENT NUMBER:**

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Luis F Penez. Lucky Star Diamonos Inc

6073 NW 167 TLST #

Miami, FC 33015.

LF Penez 007 @ AOL. Com.
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Perce 2 at (305) 818-0011.

Area Code & Daytime Telephone Number

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

CR2E045 (8/05)

TO:

Amendment Section

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

statement of change	is submitted for a co	rporation organi	zed under the law	7.1508, Florida State s of the State of <u>F.</u> , in the State of Flori	loriba	<u>.</u>
1. The name of the c	1		TARD:		LNC.	
2. The principal offi	ce address: <u>(()</u>	073 N	IW 167	L 57 #	C-11.	
	<u> </u>	11 Ami	FL 3	3015.		
3. The mailing addre	ess (if different):					
4. Date of incorpora	tion/qualification:	1-31-0=	P Document no	umber: P070	00014	448
	eet address of the cur int of State: (If resign			l office on file with th	1e	
	BerTA	SAN	Dees		TASS S	Ş
	9550	NW 7	7 Ave		E CO	
	Hisles	LGARD	ens, FL	33016.	IARY HASSEI	- 30 FILE
6. The name and stre (if changed):	eet address of the nev	w registered ager	nt (if changed) and	/or registered office	—···	
	LUIS	+	Yerez	<u></u>		<u>ه</u>
	407	3 mw	16775	<u> 57 # C-11</u> .		
•	MILLA	Mi FC	Tacceptable 330	15		
The street address of as changed will be	of its registered officidentical.	ce and the street	address of the bu	siness office of its re	egistered ag	ent,
Such change was a authorized by the	uthorized by resolut pard or the corpora	tion duly adopted tion has been no	d by its board of c stified in writing c	lirectors or by an off of the change.	ficer so	
Signature	an officer or director		Lui:	S F Penez	- Mre	<u>z</u> .
I hereby accept the I further agree to c of my duties, and I document is being corporation has de	appointment as reg omply with the prov am familiar with an filed merely to refle ed notified in writin	ristered agent an visions of all stat nd accept the obl ct a change in th g of this change	d agree to act in utes relative to th igation of my pos e registered offica	this capacity. e proper and compl ition as registered a e address. I hereby o	ete perform gent. Or, if confirm that	ance this the
Ŧ,	en			7-15-09	<i>7</i> .	
If signing on Jehal	f of an entity:		-	Date	, , ,	_
Туред	l or Printed Name					

* * * 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)