## P67000024970

(Re	equestor's Name)	
(Ad	dress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone a	<del>(f)</del>
PICK-UP	WAIT	MAIL
(Bu	siness Entity Name	e)
(Document Number)		
Certified Copies	_ Certificates o	of Status
Special Instructions to Filing Officer:		

Office Use Only



500137556375

RA Change

11/10/08--01004--002 \*\*35.00

SECRETARY OF STATE

11 14108

## **COVER LETTER**

Amendment Section Division of Corporations

TO:

ø

SUBJECT: VILLAS SAT CORP. (Name of Corp.	
(Name of Corp	poration)
DOCUMENT NUMBER: P-07000024970	
The enclosed Statement of Change of Registered Office/A	agent and fee are submitted for filing.
Please return all correspondence concerning this matter to	the following:
MICHEL VIL (Name of Conta	LANUEVA ct Person)
VILLAS SA (Firm/Com	AT CORP.
8918 WEST FLAGLEF	R STREET, UNIT #6
·	<i>5</i> ,
MIAMI, F (City/State and a	FL 33174
For further information concerning this matter, please call	
MICHEL VILLANUEVA (Name of Contact Person)	at (305) 492-2729 (Area Code & Daytime Telephone Numbe
Enclosed is a \$35.00 check made payable to the Departme	ent 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, Flori statement of change is submitted for a corporation organized under the laws of the State in order 10 change its registered office or registered agent, or both, in the State	of FLORIDA	
1. The name of the corporation: VILLAS SAT CORP.		
2. The principal office address: 8918 WEST FLAGLER STREET, UNIT #6		
MIAMI, FL 33174		
3. The mailing address (if different): N/A		
4. Date of incorporation/qualification: <u>02/23/2007</u> Document number: <u>P-03</u>	7000024970	
5. The name and street address of the current registered agent and registered office on file Florida Department of State: (If resigned, enter resigned)	e with the	
LUIS VILLANUEVA (RESIGNED)		
19917 NW 85 AVENUE		
MIAMI GARDENS, FL 33015	— <b>X</b> 200	
6. The name and street address of the new registered agent (if changed) and /or registered (if changed):	SECRETAR)	
MICHEL VILLANUEVA		
8918 WEST FLAGLER STREET, UNIT #6  (P.O. Box NOT acceptable)	TELORIAN 9:	
MIAMI, FL 33174	<u> </u>	
The street address of its registered office and the street address of the business office as changed will be identical.	of its registered agent,	
Such change was authorized by resolution duly adopted by its board of directors or be authorized by the board of the corporation has been notified in writing of the change	y an officer so	
(Signature of an officer or director)  LUIS VILLA (Printed or typed name	LUIS VILLANUEVA (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 of my duties, and I am familiar with and accept the obligation of my position as regist document is being filed merely to reflect a change in the registered office address, I have corporation has been notified in writing of this change.	complete performance tered agent. Or, if this tereby confirm that the	
	11/05/2008	
(Signature of Registered Agent) (Date)		
If signing on behalf of an entity:		
(Typed or Printed Name)		

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