P07000048947

(Requestor's Name)
(Address)
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PICK-UP WAIT MAIL
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SECRETARY OF STATE
ANTI AHASSEE, FLORIDA



November 6, 2007

CHUCK MAGBO A & C PROPERTY MANAGEMENT 607 N E 69 STREET MIAMI, FL 33138

SUBJECT: SURAZURI, INC. Ref. Number: P07000048947

We have received your document for SURAZURI, INC. and your check(s) totaling \$. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing a computer printout which reflects the registered agent and registered office now on file with this office. Please amend your document accordingly.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6892.

Tina Roberts Regulatory Specialist II

Letter Number: 307A00064556

SECRETARY OF STATE TALL AHASSEE, FLORIOA

2007 NOY 19 AM 8: 60

Laty Bar.

COVER LETTER

O: Amendment Section Division of Corporations		
UBJECT: SuraZuri Inc		
(Name of Corporation)		
OCUMENT NUMBER: P07000048947		
he enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.		
lease return all correspondence concerning this matter to the following:		
Magbo (Name of Contact Person)		
(Name of Contact Person)		
A q' C Soperty Management (First/Company)		
(Firm/Company)		
607 NE 69 Street (Address)		
Minin 72 33/38		
(City/State and Zip Code)		
or further information concerning this matter, please call:		
Ohn's lewangwan' at (863) 6/2-545T (Name of Contact Person) (Area Code & Daytime Telephone Number)		
(Name of Contact Person) (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		

2661 Executive Center Circle

Tallahassee, FL 32301

Tallahassee, FL 32314

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, the	his
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.	
2 7 Tax	
1. The name of the corporation: Zura Zuri, LNC.	
2. The principal office address: & Chris Mwangwari	
601 PALMBAY CAME MLANI PL 33/38	
3. The mailing address (if different): 607 NE 69 Street MIAMI	H
33138	
4. Date of incorporation/qualification: $\frac{\partial \mathcal{G}^{rd}Apn}{\partial \mathcal{F}}$ Document number: P07000048947	
5. The name and street address of the current registered agent and registered office on file with the	
Florida Department of State:	
BUSINESS FILINGS INCORPORATED	
1203 GOVERNORS SQUARE RWA	97
# 101 TALLAHASSEE FL 32301 2960	2 -
77 TOT	海石层
6. The name and street address of the new registered agent (if changed) and /or registered office	前公里
(if changed):	9:52 F.S.强信
Chuch Mogho 607 NE 69 Street Mi Ani Fl 33138 (P.O. Box NOT acceptable)	验 5
(2 15 ca Street Mai El 32176	DIT.
60+ NE 69 & WELT /// Hamy PC 73/38	
(P.O. Box NO! acceptable)	
The street address of its registered office and the street address of the business office of its registered as changed will be identical.	ed agent,
Such change was authorized by resolution duly adopted by its board of directors or by an officer so	n
authorized by the board, or the corporation has been notified in writing of the change.	•
CHRIS / CHRIS / CHRIS	•
(Signature of an ottiger or director) (Printed or typed name and title)	
I hereby accept the appointment as registered agent and agree to act in this capacity.	-C
of my duties, and I am familiar with and accept the obligation of my position as registered agent.	jormance Or, if this
I hereby accept the appeintment 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 complete per of my duties, and I am familiar with and accept the obligation of my position as registered agent, document is being filed merely to reflect a change in the registered office address, I hereby confirm corporation has been notified in writing of this change.	1 thát the
(al)	
(Signature of Registered Agent) (Date)	
If signing on behalf of an entity:	
t	
(Typed 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