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| (Re | equestor's Name) | |
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| (Ad | ldress) | |
| (Ad | ldress) | |
| (Cit | ty/State/Zip/Phone | : #) |
| PICK-UP | MAIT | MAIL . |
| (Bu | ısiness Entity Nam | ne) |
| (Do | ocument Number) | |
| Certified Copies | _ Certificates | of Status |
| Special Instructions to | Filing Officer: | |
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Office Use Only



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T. ROBERTS

COVER LETTER

| то: | Amendment Section Division of Corporations | | |
|-------------------------|---|--|--|
| SUBJE | CCT: STEELINE ADVOICE TECHNOLOGIES INC. Name of Corporation | | |
| | · | | |
| DOCU | MENT NUMBER: P 0700049090 | | |
| The en | closed Statement of Change of Registered Office/Agent and fee are submitted for filing. | | |
| Please | return all correspondence concerning this matter to the following: | | |
| | EBURDO E. SANTOS | | |
| Name of Contact Person | | | |
| | STEELINE ADUSILE TECHNOLOGIES INC. | | |
| | Firm/Company | | |
| | 21.01 BOICKELL AVE. SUITE 2407 | | |
| Address | | | |
| | MIANI- FL 33129 | | |
| City/State and Zip Code | | | |
| | E-mail address: (to be used for future annual report notification) | | |
| | E-mail address: (to be used for future annual report notification) | | |
| For fur | ther information concerning this matter, please call: | | |
| | Name of Contact Person at (305) 7752250. Area Code & Daytime Telephone Number | | |
| | Name of Contact Person Area Code & Daytime Telephone Number | | |
| Enclose | ed is a \$35.00 check made payable to the Department of State. | | |
| | Mailing Address: Amendment Section Division of Corporations Street Address: Amendment Section Division of Corporations | | |

Clifton Building

Tallahassee, FL 32301

2661 Executive Center Circle

P.O. Box 6327

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, this |
|--|
| 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. |
| 1. The name of the corporation: STEELINE ADVANCE TECHNOLOGIES INC |
| 2. The principal office address: 21-01 BOYCKELL AVE - SUNE 2407 |
| MARU- FL. 33129 |
| 3. The mailing address (if different): 107-10 NW-66 ST SUITE of HI |
| DOBAL FL. 33178 |
| 4. Date of incorporation/qualification: $\frac{04/234/2007/AE/AE/AE/AE}{12-10-12}$. Document number: $\frac{POJOU0049090}{POJOU0049090}$ |
| 5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned) |
| SILVAS FINANCIAL SEDVICES LIC |
| 52-20 5. UNIVERSITY DQ. SUITE C-102 |
| BAVIE-FL. 33328 |
| 6. The name and street address of the new registered agent (if changed) and /or registered office (if changed): **Ebulabo E. SANGS - REGISTRAGE GOEST.** |
| 107-10 NW- 6655 & 111- CADDIA E. |
| P.O. Box NOT acceptable DOGSL - FL 33178 |
| The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical. |
| Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change. |
| Millial EtNANCE E. SANTUS - DIA ELTO. |
| 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 complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change. |
| |
| Signature of Registered Agent Date |
| If signing on behalf of an entity: EDUNDU & SYNTIS. |
| 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 CR2E045 (03/12)