P07000064463

(Requestor's Name)	
(Address)	<u> </u>
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT	 Mail
(Business Entity Name)	<u> </u>
(=====, ===,	
(Document Number)	li
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COVER LETTER

TO: Amendment Section Division of Corporations		
SUBJECT: May +	Name of Corporation	<u></u>
DOCUMENT NUMBER:	7000064463	
The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.		
Please return all correspondence con	erning this matter to the following:	
Lo	Name of Contact Person	
- Mar	te GYOUD IN	
2750	Address	4-106
Mira may FL 330 Z.5 City/State and Zip Code		
E-mail address: (to be used for future annual report notification)		
For further information concerning the	is matter please call:	
For further information concerning this matter, please call:		
Name of Contact Pers	on at (305) P Area Code & Day	75-172 vtime Telephone Number
Enclosed is a \$35.00 check made pay	able to the Department of State.	
 <u>Mailing Add</u> Amendment	ress: Street Addre Section Amendment	ss: Section
	Corporations Division of C	
P.O. Box 63		_
Tallahassee	Tallahassee,	ive Center Circle FL 32301

CR2E045 (03/12)

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 Flyy, of
in order to change its registered office or registered agent, or both, in the State of Florida.
1. The name of the corporation:
2. The principal office address: $\frac{2750}{50}$
Mira Max, Fl. 33025
3. The mailing address (if different):
4. Date of incorporation/qualification: 5-31-2007 Document number: 10700006446
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)
Robin Sta Marte
2250 C 1 11/th 11/th
CASO SEC TION AS ATTIONS
Miramay, FC 3307.5
6. The name and street address of the new registered agent (if changed) and /or registered office
(if changed):
- Maximus Bittar
14716 (Su) 4th St 855 5
P.O. Box/NOT acceptable
pembroke placs, FL 350 2 7
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.
Robinson Harth
Signature of an officer or director 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 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 August
Signature of Registered Agent Date
If signing on behalf of an entity:
Typed or Printed Name
" * * FILING FEE: \$35.00 * * *

Make Checks Payable to Florida Department of State
Mail to: Division of Gorporations, P.O. Box 6327, Tallahassee, FL 32314
CR2E045 (03/12)