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CRETARY OF STATE CAHASSEE. FLORIDO

## **COVER LETTER**

TO:	TO: Amendment Section Division of Corporations					
SUBJE	ECT:	GARMAR (Name of Corporat	GROUP CORPORATION			
DOCU	MENT NUMBER: P07	000086959				
The end	closed Statement of Change of	of Registered Office/Agen	t and fee are submitted for filing.			
Please return all correspondence concerning this matter to the following:						
Iskra C. Garcia Colmenares						
(Name of Contact Person)						
(Firm/Company)						
8832 SW 17TH TERRACE (Address)						
	MIAMI, FLORI	DA, 33165 (City/State and Zip 6	"ode)			
For furt	her information concerning t	` •	South			
ISKRA	A CECILIA GARCIACOLN (Name of Contact Pe		786 3702962 Area Code & Daytime Telephone Number)			
Enclose	ed is a \$35.00 check made pag	yable to the Department o	f State.			
	P.O. Box 6	f Corporations	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

	provisions of sections 607.0502, 617.0.		/
•	ange is submitted for a corporation orgo er to change its registered office or regi		
		•	
		GARMAR GROUP CORPO	DRATION
2. The principal	office address: 8832 SW 17TH TER	RRACE MIAMI FL 33165	
2.75	.11. /CC PCC		<u></u>
3. The maining a	address (if different):	····	
4. Date of incor	poration/qualification: August 1st 20	Document number: P0700	00086959
	d street address of the current registered rtment of State:	agent and registered office on file v	vith the
	MARIN, MARIA E		
	8832 SW 17TH TERRACE	E MIAMI FL 33165	
6. The name and (if changed):	d street address of the new registered ag	ent (if changed) and /or registered o	ECRETA
(	ISKRA CECILIA GARCIA	COLMENARES	SSEE A
	10377 NW 32 Terrace		
	(P.O. Box NOT acceptable MIAMI, FLORIDA, 33172	le)	36 RIDA
_	ess of its registered office and the street be identical.		
Such change wa authorized by the	as authorized by resolution duly adopt he board, or the corporation has been r	ed by its board of directors or by a notified in writing of the change.	n officer so
× Mon	ure Jarus ure of an officer or director)	MARTA 6 /	
	the appointment as registered agent a to comply with the provisions of all sto ad I am familiar with and accept the ol- ing filed merely to reflect a change in t s been notified in writing of this chang		
x Ma	Tareir	12/18/200	7.
V	gnature of Registered Agent)	(Date)	$\sim$ (6)
If signing on be	half of an entity:	State OF FL. Signed before or on dec. 18/2007.	re minimum
(T	Typed or Printed Name)	on dec. 18/2007.	MAISSION C.
	* * * FILING F	TEE: \$35.00 * * * PRODUCED I	D. 30 June 6, 20, 70 28.
M/ CR2E045 (8/05)	MAKE CHECKS PAYABLE TO FI AIL TO: DIVISION OF CORPORATIONS, I		