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Certified Copies	_ Certificates	of Status
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SUFFICIENCY OF FILING

DEPARTMENT OF STATE DIVISION OF CORPORATIONS
2008 SEP -4 PN 3: 51

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CORPORATE FILING SERVICE

3320 SW 87TH AVENUE

MIAMI, FL 33165 (305) 552-5973

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PORATION NAME(S) & DOCUM	MENT NUMBER(S),	(if known):
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Annual Report	☐ Foreign	
Fictitious Name	Limited Parts	
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Examiner's Initials

CR2E031(7/97)

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: TRans America live Solutions, INC. 2. The principal office address: 6742 Forest Hill Blud #215
2. The principal office address: 6792 Forest Hill Blud, #215 West Palm Beach, FL 33413
3. The mailing address (if different): 6742 Forest Hill 13/vd # 2/5
West Palm Beach, FL 33413
4. Date of incorporation/qualification: 9/14/07 Document number: 107000102978
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:
Juan Carnaleno
6800 SW 40 st #170
miami, FL 33155
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed): Toan Carnaleno
6742 Fonest Hill Blvd #215
West Palm Beach, FL 33413
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.
* Con Canalino/ President (Printed or typed name and tyle)
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) 09 -03 - 20.08 (Date)
(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 CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314 CR2E045 (8/05)