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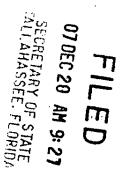
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COVER LETTER

Division of	Corporations	
SUBJECT: Olga	L.Villa, P.A. (Name of Corp.	poration)
DOCUMENT NU	MBER:	
The enclosed States	nent of Change of Registered Office/A	gent and fee are submitted for filing.
Please return all con	respondence concerning this matter to	the following:
	Olga L.Villa	
•	(Name of Contac	et Person)
(Olga L.Villa, P.A.	
_	(Firm/Comp	pany)
5	959 Blue Lagoon Drive, Suite 103 (Address	
	(11ddi-05.	*)
M	iami, Florida 33126	
	(City/State and 2	Zip Code)
For further informa	tion concerning this matter, please call	:
Olga L.Villa (Nai	ne of Contact Person)	at (786) 298-1344 (Area Code & Daytime Telephone Number)
Enclosed is a \$35.0	0 check made payable to the Departme	nt of State.
	Mailing Address: Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	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

statement of cha	provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this inge is submitted for a corporation organized under the laws of the State of Florida ir to change its registered office or registered agent, or both, in the State of Florida.
1. The name of t	the corporation; Olga L.Villa, P.A.
	office address: 5959 Blue Lagoon Drive, Suite 103
3. The mailing a	ddress (if different):
4. Date of incorp	poration/qualification: October 10, 2007 Document number: P07000111687
	street address of the current registered agent and registered office on file with the treet treet of State:
	Olga L.Villa
	12742 SW 266 Terrace
	Miami, Florida 33032
6. The name and (if changed):	I street address of the new registered agent (if changed) and /or registered office of the new registered agent (if changed) and /or registered office of the new registered agent (if changed) and /or registered office of the new registered agent (if changed) and /or registered office of the new registered agent (if changed) and /or registered office of the new registered agent (if changed) and /or registered office of the new registered agent (if changed) and /or registered office of the new registered agent (if changed) and /or registered office of the new registered agent (if changed) and /or registered office of the new registered agent (if changed) and /or registered office of the new registered agent (if changed) and /or registered office of the new registered agent (if changed) and /or registered office of the new registered agent (if changed) and /or registered office of the new registered agent (if changed) and /or registered agent (if changed) are registered agent (if changed) and /or registered agent (if changed) are registered agent
	Olga L.Villa
	5959 Blue Lagoon Drive, Suite 103
	(P.O. Box NOT acceptable) Miami, Florida 33126
_	ess of its registered office and the street address of the business office of its registered agent, be identical.
Such change wa authorized by th	as authorized by resolution duly adopted by its board of directors or by an officer so see board, or the corporation has been notified in writing of the change.
(Signatu	Olga L.Villa, President (Printed or typed name and title)
i turther agrée t	the appointment as registered agent and agree to act in this capacity, to comply with the provisions of all statutes relative to the proper and complete performance d I am familiar with and accept the obligation of my position as registered agent. Or, if this ng filed merely to reflect a change in the registered office address, I hereby confirm that the been notified in writing of this change.
Q_0	200(ll) 12/18/07
	mature of Registered Agent) (Date)
If signing on bel	half of an entity:
(Т	yped or Printed Name)

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314 CR2E045 (8/05)

* * * FILING FEE: \$35.00 * * *