P0800003145

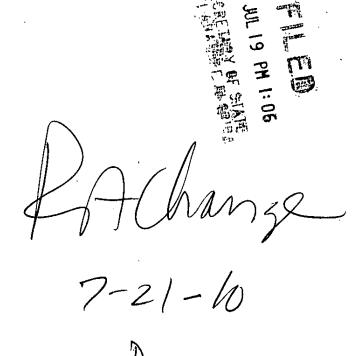
(Re	questor's Name)
(Ad	dress)
(Ad	dress)
(Cit	ry/State/Zip/Phone #)
PICK-UP	WAIT MAIL
(Bu	siness Entity Name)
(Do	cument Number)
Certified Copies	Certificates of Status
Special Instructions to	Filing Officer:

Office Use Only



800183341048

800183341048 07/19/10--01024--008 **35.00



. SUBJECT:	JAVIMAR CORP		
, ,	Name of Corporation		•
DOCUMENT NUMBER:	P08000003145		
The enclosed Statement of Chan	ge of Registered Office/Agent and fee a	re submitted fo	or filing.
Please return all correspondence	concerning this matter to the following:	P P	
and the second s	IAMED FOTEVEZ		
***************************************	JAVIER ESTEVEZ Name of Contact Person	· · · · · · · · · · · · · · · · · · ·	·
			· q · ·
	JAVIMAR CORP	15 ·	•
	Firm/Company		-
•	8404 NW 70TH ST		
	Address		_
	MIAMI FLORIDA 33166	•	
	City/State and Zip Code	1 :	_ . ,
	corpjavimar@bellsouth.net		
E-mail addi	ess: (to be used for future annual rep	ort notification	on)
For further information concern	ing this matter, please call:		
JAVIER EST	EVEZ at 786	``	2473734
Name of Contact			elephone Number

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

CR2E045 (8/05)

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

statement of ch	provisions of sections 607.050 ange is submitted for a corpora er to change its registered offic	ation organized	under the laws	of the State o	of FLORIDA	
	the corporation: JAVIMAF	_		!		
	office address: 8404 NW 7		AMI FLORIDA	A 33166		
	orrice address.	į.	1	1 1		•
O The matter	address (if different): 8404 N	JW 70TH ST	MIAMI ELO	RIDA 331	66	1
3. The maining	address (if different): 0404 i	111 /011101	WIDAWI LO	i tibri co i		
4. Date of incor	poration/qualification:01	1/09/2008	Document nur	nber:	P0800000	03145
-5. The name an	d street address of the current artment of State: (If resigned, e		and registered o	ffice on file	with the	
	RAFAEL LEONARDI	10.5			, K	
	14106 SW 54TH ST M	IIRAMĀR FL	33027	4	N 2 1	
				#	1 700 	_ .
6. The name an (if changed):	d street address of the new reg	istered agent (if	`changed) and /o	r registered	office	
••	JAVIER ESTEVEZ	•		· · · · · · · · · · · · · · · · · · ·	- Min	2
	14106 SW 54TH ST M	P.O. Box NOT acc				
		P.O. BOX NOT SEC	cynamic	and the same		S
The street addr	ress of its registered office an	d the street add	ress of the busin	ness office	of its registere	ed agent,
	es authorized by resolution of the board, or the corporation	luly adopted by has been notific	its board of direct in writing of	ectors or by the change.	an officer so	
Signal	we of an officer or arector	· · ·		VIER EST		:
	t the appointment as register to comply with the provision nd I am familiar with and ac ring filed mereby to reflect a c sy been notified in writing of	ed agent and a is of all statutes cept the obligat hange in the re this change	gree to act in the relative to the lion of my positi gistered office	is capacity. proper and on as regis address, I h	complete per tered agent. (ereby confirm	formance Or, if this that the
15	states			07/16/20		
	gnature of Registered Age			Date		. •
	AVIER ESTEVEZ					·
,	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)