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SECRETARY OF STATE
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January 31, 2008

GEOVANNY SEPULVEDA 10107 MALASPOINT ORLANDO, FL 32832

This will acknowledge receipt of your correspondence which is being returned for the following reason(s):

To change the registered office, the enclosed form should be completed and returned to this office with a filing fee of \$35.

If you have any questions concerning the filing of your document, please call (850) 245-6880.

Karen Gibson Document Specialist Supervisor

Letter Number: 208A00006710

COVER LETTER

Division of Corporations
SUBJECT: LISTRES EMPRESARIO Juni (Name of Corporation)
DOCUMENT NUMBER: POSOOO 10016
The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
(Name of Contact Person)
Small Belsister Loan Avy Forent Corp (Firm/Company)
6220 South Drange Blassom Trail Leute 195 (Address)
Oslavlo Fl 3>809 (City/State and Zip Code)
For further information concerning this matter, please call:
Georgia September at (407) 666-9590 (Area Code & Daytime Telephone Number)
Enclosed is a \$35.00 check made payable to the Department 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

TO:

Amendment Section

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

Pursuant to the provisions of statement of change is subm	itted for a corpo	ration organize	ed under the l	aws of the State of	f Florion	
1. The name of the corporat	-	_	_			<u>.</u>
2. The principal office addre				da 3283		
3. The mailing address (if d	•	107 n			46-7	
4. Date of incorporation/qua		,	•		80000 1001	6
5. The name and street addr Florida Department of St		t registered age	nt and registe	red office on file	with the	
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*****	7466	1. Reyel Grove c	ALL DR	ire	_ 750)
		landi, 1			_ CRE	758
6. The name and street addr (if changed):	ess of the new re	egistered agent ((if changed) a	nd /or registered o	office SEE.	18 翌1
	slie A-	Reyes			- FLOST	بي ت
	107 MA (P.O. Box					
	Orlando	, Floria	da 35	832		
The street address of its reas changed will be identicated	gistered office a	nd the street ac	dress of the	business office of	f its registered agent,	ı
Such change was authorize authorized by the board, or						
Label Signature of an office	enes!			A. Rey-		
I hereby accept the appoint I further agree to comply volumes of my duties, and I am fam document is being filed me corporation has been notified.	tment as registe vith the provision iliar with and a rely to reflect a led in writing o	ered agent and ons of all statut ccept the oblig change in the f this change.	agree to act es relative to ation of my p registered of	in this capacity. the proper and c osition as registe fice address, I he	complete performanc ered agent. Or, if thi reby confirm that the	e \$;
Leslie (Signature of Regi	ofred Agent)			2/08/05		
If signing on behalf of an				(Date)		
(Typed or Printe	d 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 * * *