P08000016064

(Re	questor's Name)	
(Ad	dress)	· · · · · · · · · · · · · · · · · · ·
(Ad	dress)	
. (Cit	y/State/Zip/Phone #	
PICK-UP	WAIT	MAIL
, (Bu	siness Entity Name)
(Document Number)		
Certified Copies	_ Certificates of	Status
Special Instructions to	Filing Officer:	





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SECRETARY OF STATE
ALASSEE, FLORIDA

R.A. Change

TB 7/15/04

COVER LETTER

TO: Amendment Section Division of Corporations			
SUBJECT: Miami Dade La. (Name o	od Scap: 096000 Inc. of Corporation)		
DOCUMENT NUMBER: POSOOC	0016064		
The enclosed Statement of Change of Registered O	ffice/Agent and fee are submitted for filing.		
Please return all correspondence concerning this ma	atter to the following:		
Lazaro M. (Name of	Dominguez Contact Person)		
Miani Dadel (Fim	Company)		
4910 5W 138 GYENUE (Address)			
Miani Flocida 33175 (City/State and Zip Code)			
For further information concerning this matter, plea	ase call:		
(Name of Contact Person)	at (305) 310-2300 (Area Code & Daytime Telephone Number)		
Enclosed is a \$35.00 check made payable to the De	epartment of State.		
Mailing Address: Amendment Section Division of Corporation 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	rovisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this nge is submitted for a corporation organized under the laws of the State of <u>Clocida</u> rto change its registered office or registered agent, or both, in the State of Florida.
	he corporation: Miami Dade Land Scap: ng Group Inc.
	office address: 4910 500 138 over Je
	Florida 33175
	i. Flor: 10 33175
4. Date of incorp	oration/qualification: 02/12/2008 Document number: P0800016064
	street address of the current registered agent and registered office on file with the tment of State:
	Sliezer Gonzalez
	3621 nw 109 avenue = = = =
	Miami Fl 33165
6. The name and (if changed):	street address of the new registered agent (if changed) and /or registered office
	Lazaro M Dominguez
	(P.O. Box NOT acceptable)
	Miami F1 33175
	ss of its registered office and the street address of the business office of its registered agent, be identical.
Such change wa authorized by the	s anthorized by resolution duly adopted by its board of directors or by an officer so e board, or the fund ation has been notified in writing of the change.
(Signatur	Eliczer Control (Printed or typed name and title)
I hereby accept I further agree to of my duties, and document is beif corporation has	the appointment as registered agent and agree to act in this capacity. If comply with the provisions of all statutes relative to the proper and complete performance if I am familiar with and accept the obligation of my position as registered agent. Or, if this ag filed merely to reflect a change in the registered office address, I hereby confirm that the been notified in writing of this change.
M	nature of Registered Agent) (Date)
// (Sig	nature of Registered Agent) (Date)
If signing on bel	nalf of an entity:
(T	yped 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