

PO8000018563

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Centrino Power Design Corp.
Name of Corporation

DOCUMENT NUMBER: P08000018563

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:

Yericca Cella

Name of Contact Person

Centrino Power Design Corp.

Firm/Company

3013 Oak Drive

Address

Marietta, GA 30066

City/State and Zip Code

yericca@centrinopowerdesign.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Yericca Cella

Name of Contact Person

at (561) 939-9527

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

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 Florida _____ in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: Centrino Power Design Corp.
2. The principal office address: 1121 Holland Drive. Suite # 5. Boca Raton, FL 33487
3. The mailing address (if different): 6500 McDonough Dr. Suite A4. Norcross, GA 30093
4. Date of incorporation/qualification: 02/20/2008 Document number: P08000018563
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

Gustavo Cella

2200 N Federal Highway. Suite 213B

Boca Raton, FL 33431

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

Gustavo Cella

1121 Holland Drive. Suite # 5

P.O. Box NOT acceptable

Boca Raton, FL 33487

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 or authorized by the board, or the corporation has been notified in writing of the change.

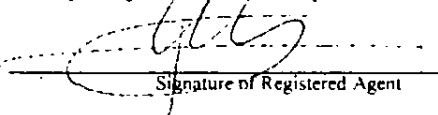


Signature of an officer or director

Yericca Cella

Printed or typed name and title

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

Gustavo Cella

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