## P08000018949

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## **COVER LETTER**

TO: Amendment Section Division of Corporations
SUBJECT: SIGHA ENGINERING & TOOLING, INC. (Name of Corporation)
DOCUMENT NUMBER: P080000 18949
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)
(Firm/Company)
8234 N.W. 192 TENNACE (Address)
Miahi, FC 33015 (City/State and Zip Code)
For further information concerning this matter, please call:
TUAN VICUA at (727) SO1-4218  (Name of Contact Person) (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 Flose 9A
in order to change its registered office or registered agent, or both, in the State of Florida.
1. The name of the corporation: SIBHA ENGINEERING ETOOLINE INC  2. The principal office address: 8234 N.W. 192 TERRACE
2. The principal office address: 8234 N.W. 192 TERRACE
MIAMI, FC 33015
3. The mailing address (if different):
4. Date of incorporation/qualification: 2/21/08 Document number: 1080000 18949
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)
CORPORATION SERVICE COMPARTS
705 <b>0</b> F
TACLAHASSEE FC 32301
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):
IVAN E. VILLA
8234 N.W. 192 nd TERRACE (P.O. BOX NOT acceptable)
MIAMI, FC 33015
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 so authorized by the board, or the corporation has been notified in writing of the change.
(Signature of an office or director) (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 familial 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.
Marginate of Registered Agent)  (Date)
If signing on behalf of an entity:
alkfjsaldkfj
(Typed or Printed Name)

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

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