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SECRETARY OF STATE ALLAHASSEE; FLORIDA



COVER LETTER

TO: Amendment Section Division of Corporations
SUBJECT: Investing Bridge INC Name of Corporation
DOCUMENT NUMBER: PO8000045490
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:
Sevaro Lopez Name of Contact Person
Investing Bridge FAX
365 Holly Dr Address
City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Sercy o Lope Z at (561) 317-2526 Name of Confact 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
in order to change its registered c; fice or registered agent, or both, in the State cf Florida.
1. The name of the corporation: Investing Onidae FNC.
2. The principal office address: 365 Holy In
2.71.0 FZ 3.34N
3. The mailing address (if different):
4. Date of incorporation/qualification: 05/02/2009 Document number: P08000045490
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)
Samir Lorez
365 Holly Dn
W.P.B, FL 334B
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):
Sergio Lonez 8 200
(if changed): Sergio Lopez 365 Holly Dr P.O. Box NOT acceptable
The street address of its registered office and the street address of the business office of its registered agents
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 director Signature of experiment of typed happe 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 of fice address, I hereby confirm that the corporation has been not fied in writing of this change.
Signature of Registered Agent Date
If signing on behalf of an entity:
Typed or Printed 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 * * *