P0800053142

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COVER LETTER

TO: Amendment Section Division of Corporations				
SUBJECT: St. Pablo Corporation (Name of Corporation	on) +			
DOCUMENT NUMBER: P08000053142				
The enclosed Statement of Change of Registered Office/Agent a	and fee are submitted for filing.			
Please return all correspondence concerning this matter to the fo	ollowing:			
Lourdes N. Gutierrez (Name of Contact Person)				
(Name of Contact Pers	son)			
Outlanes 9 Assa				
Gutierrez & Associates (Firm/Company)				
200 S. Biscayne Blvd., (Address)	Suite 3810			
(Address)				
Miami, FL 33131 (City/State and Zip Code)				
For further information concerning this matter, please call:	*			
Lourdes N. Gutierrez at ((Name of Contact Person) (A	305) 577-4500 rea Code & Daytime Telephone Number)			
,				
Enclosed is a \$35.00 check made payable to the Department of	State.			
Mailing Address: Amendment Section	Street Address: Amendment Section			
Division of Corporations	Division of Corporations			
P.O. Box 6327	Clifton Building			
Tallahassee, FL 32314	2661 Executive Center Circle			
	Tallahassee, FL 32301			

TATEMENT 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 Statute statement of change is submitted for a corporation organized under the laws of the State of Floric in order to change its registered office or registered agent, or both, in the State of Florida	da		
1. The name of the corporation: St. Pablo Corporation			
2. The principal office address: Wachovia Financial Center, Suite 3810			
200 S. Biscayne Blvd, Miami, FL 33131			
3. The mailing address (if different):			
4. Date of incorporation/qualification: 5/29/2008 Document number: P08000053	142		
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)	 1		
Gutierrez, Renaldy J.	SEOR ALL!	09 M	
601 Brickell Key Dr., Ste 201	HAS	09 MAY 18	
Miamí, FL 33131	₹OF SEE,	8 AH	LED
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):	STATE FLORID,	1 9: 29	O
Gutierrez & Associates, PL	D		
Wachovia Financial Center, Suite 3810 (P.O. Box NOT acceptable)			
200 S. Biscayne Blvd, Miami, FL 33131			
The street address of its registered office and the street address of the business office of its registered as changed will be identical.	istered a	igent,	
Such change was authorized by resolution duly adopted by its board of directors or by an office authorized by the board of the corporation has been notified in writing of the change.	er so		
Fernando Aguilar Heck, Presio (Printed or typed name and title)	lent		
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 of my duties, and I am familiar with and accept the obligation of my position as registered age document is being filed merely to reflect a shange in the registered office address, I hereby concorporation has been notified in writing of this change.	eperform ent. Or, nfirm th	mance if this at the	?
(Signature of Registered Agent) 5 - (4-09 (Date)			
If signing on behalf of an entity:			
Renaldy J. Gutierrez (Typed or Printed Name)			

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