

PO8000054037

Braidford & Associates, P.A.
(Requestor's Name)

14160 Palmetto Frontage Rd. Ste 32
(Address)

(Address)

Miami Lakes FL 33016
(City/State/Zip/Phone #)

☐

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

R.A. Chong

C. Goulette JUN 30 2008

**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: UNO Healthcare International, Inc.
2. The principal office address: 8357 NW 54 Street
Miami, FL 33166
3. The mailing address (if different): 14160 Palmetto Frontage Rd Ste 32
Miami Lakes, FL 33016
4. Date of incorporation/qualification: 6/2/08 Document number: P08000054037

5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:___

UCC Filing & Search Services, Inc.

1574 Village Square Boulevard, Ste 100

Tallahassee, Florida 32309

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

James N. Bradford, Jr.


14160 Palmetto Frontage RD Ste 32

(P.O. Box NOT acceptable)

Miami Lakes, FL 33016

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 officer or director)

Fabio Lisboa, Pres.

(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)

6/6/08

(Date)

James N. Bradford, Jr.
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

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