## P08000056239

(Re	questor's Name)					
(Ad	dress)	· · · · · · · · · · · · · · · · · · ·				
(Ad	dress)					
(City/State/Zip/Phone #)						
PICK-UP	MAIT	MAIL				
(Business Entity Name)						
(Document Number)						
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## **COVER LETTER**

то:	Amen Divisi	dment Section on of Corporations	3			
SUBJI	ECT:_	BANAH INTE	RNATIONAL FI	NANCIAL GROUP	, INC.	
DOCL	JMENT	NUMBER:	P086	000056239	<del> </del>	
The en	closed :	Statement of Chan	ge of Registered Office	e/Agent and fee are submi	tted for filing.	
Please	return a	ill correspondence	concerning this matter	r to the following:		
			PEREZ, ALI	EXANDERI		
			Name of Co	ntact Person		
		5411411	INTERNATIONAL			
		BANAH	INTERNATIONAL Firm/Co	FINANCIAL GROUP,	INC.	
				1 7		
			2100 CORAL W	AY, SUITE 400		
				ress	<del> </del>	
				L 33145		
			City/State ar	nd Zip Code		
		APE	REZ@BANAHINT	ERNATIONAL.COM		
E-mail address: (to be used for future annual report notification)						
For fur	ther inf	ormation concerni	ng this matter, please o	call:		
		PEREZ, ALEXA	ANDER I	at ( 305 )	285_3401	
		Name of Contact		at (305) Area Code & Dayti	me Telephone Number	
Enclos	ed is a !	\$35.00 check made	e payable to the Depart	tment of State.		
		Amend Divisio P.O. Bo	Address: ment Section n of Corporations ox 6327 ssee, FL 32314	Street Address: Amendment So Division of Co Clifton Buildin 2661 Executiv Tallahassee, F	ection orporations ng e Center Circle	

## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

statement of cha	nge is submitted for a co	prporation organized	507.1508, or 617.1508, Fi I under the laws of the St I agent, or both, in the Sta	ate of FLORID	
1. The name of t	he corporation: BANA	H INTERNAT	IONAL FINANCI	AL GROUP,	INC.
			JITE 400, MIAMI FL		
		<del></del>			
3. The mailing a	ddress (if different):				<del>-</del> =. <del>-</del> · · · · · ·
4. Date of incorp	oration/qualification:	06/06/2008	Document number:	P080000	56239
	street address of the cur tment of State: (If resign		t and registered office on	file with the	
	IZQUIERDO, MAR	IA LINA			
	2100 CORAL WAY	/, SUITE 400 M	IAMI FL 33145 US		
				(F)	
6. The name and (if changed):	street address of the nev	w registered agent (i	f changed) and /or registe	ered office	
	JOAQUIN E. COS	SIO			`
•	7477 NW 167 ST,			379	
		P.O. Box NOT acc	ceptable		
The street addre	ss of its registered offic be identical.	e and the street add	dress of the business offi	ice of its registere	ed agent,
Such change wa authorized by th	s authorized by resolute board, or the corpora	on duly adopted by	y its board of directors o ed in writing of the char	or by an officer songe.	<b>)</b>
Signatur	e of anothicer or director	<u> </u>	PRESI Printed or typed no		
I hereby accept I further agree t of my duties, an document is beil corporation has	the appointment as the o comply with the prov d I am familiar with an ne steamerely to reflect been notified in writing	istered agent and a isions of all statute. d accept the obliga et a change in the r g of this change.	gree to act in this capac s relative to the proper a tion of my position as re egistered office address,	city. und complete per gistered agent. ( I hereby confirn	formance Or, if this 1 that the
	Joseph		6/16/2	2010	
	fature of Registered Agent		Date		
If signing on be	half of an entity:				
	AQUIN E. COSSIO				

MAKE CHECKS PAYABLE TOFLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR2E045 (8/05)

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