108000073127

(Requestor's Name)						
(Address)						
(Address)						
(City/State/Zip/Phone #)						
PICK-UP WAIT MAIL						
(Business Entity Name)						
(Document Number)						
Certified Copies Certificates of Status						
Special Instructions to Filing Officer:						
Correctes document by telephony call In 9/16/10						

Office Use Only



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SECRETARY OF STATE

Roberts SEP 16 201



FLORIDA DEPARTMENT OF STATE Division of Corporations

September 7, 2010

MARCELO VILAS ANIKOS TECHNOLOGIES INC 801 NORTHPOINTE WAY, STE 38 WEST PALM BEACH, FL 33407

SUBJECT: ANIKOS TECHNOLOGIES INC

Ref. Number: P08000073127

We have received your document for ANIKOS TECHNOLOGIES INC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing a computer printout which reflects the registered agent and registered office now on file with this office. Please amend your document accordingly.

A business entity may not serve as its own registered agent. Please designate an individual or another business entity with an active registration or filing with this office, having a Florida street address identical with that of the registered office.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6892.

Tina Roberts
Regulatory Specialist II

Letter Number: 210A00021254



COVER LETTER

TO: Amendment Section Division of Corporations						
SUBJECT: Anixos Tuchnologus Name of Corporation						
DOCUMENT NUMBER: POSOSOS 3127						
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:						
Marcelo Vilas Name of Contact Person						
Anikos Tuchnologus Firm/Contpany						
801 Nowhpoints Way, Sto 38						
West Palm Blach, 46 33407 City/State and Zip Code						
E-mail address: (to be used for future annual report notification)						
For further information concerning this matter, please call:						
Marie of Contact Person at (50) UD). 190 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

statement of cha	nge is submitted for a co	poration organize	607,1508, or 617,1508, Flo ed under the laws of the Stated ad agent, or both, in the Stat	te of FLORIDA	
	he corporation: ANIKO				
	office address: 801 NO LM BEACH, FL 3340		WAY, SUITE 38		
3. The mailing a	ddress (if different):				
4. Date of incorp	poration/qualification:	8/5/08	Document number:	PO8000073127	
	I street address of the curr tment of State: (If resigne		nt and registered office on f	ile with the	
	MARCELO VILAS				
	1900 N. ESTRELLA WAY, APT 204				
	PALM BEACH GAR	RDENS, FL 33	410	10 SEP 16	
6. The name and (if changed):	street address of the new		(if changed) and /or register		
	801 NORTHPOINT	E WAY, SUITI	≣ 38		
		P.O. Box NOT a	cceptable		
	WEST PALM BEAC	CH, FL 33407			
The street address changed will	ess of its registered office be identical.	e and the street ad	ldress of the business offic	e of its registered agent,	
Such change wa authorized by the	as authorized by resolutione board or the corporation	on duly adopted b ion has been notif	by its board of directors or fied in writing of the chang	by an officer so ge.	
Signatui	re of an officer or director		MARCELO VILAS Printed or typed nam		
I hereby accept I further agree to of my duties, an document is bei corporation has	the appointment as regi. to comply with the provis d I am familiar with and ng filed merely to reflect s been notified in writing	stered agent and a sions of all statute accept the oblige a change in the b of this change.	agree to act in this capacii es relative to the proper an ation of my position as reg registered office address, I	ly. ad complete performance istered agent. Or, if this hereby confirm that the	
	nature of Registered Agent	<u></u>	8/31/	10	
	half of an entity:		- 2.0		
	TECHNOLOGIES, I	NC			

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