P08000083372

(Re	equestor's Name)	_
(Ad	dress)	
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COVER LETTER

Division of Corporations							
SUBJECT: Pinnacle Minacals Correction)	ne:teneg						
DOCUMENT NUMBER: PO8000083372							
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:							
Dejan Djan:							
(Name of Contact Person)							
Pinnacle Minerals Corporation (Firm/Company)							
1680 Milligan Aue., Suite 919 (Address)							
Mian: Bear, FL 3317 (City/State and Zip Code)	39						
For further information concerning this matter, please call:							
Dejan Djarric at (786) 4 (Name of Contact Person) at (Area Code & I	249 - 51 41 Daytime Telephone Number)						
Enclosed is a \$35.00 check made payable to the Department of State.							
P.O. Box 6327 Clifton Bu Tallahassee, FL 32314 2661 Exec	nt Section f Corporations						

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

statement of chan	rovisions of section age is submitted for to change its regis	a corporation of	rganized under i	he laws of the	State of FI	akine,
1. The name of th	ne corporation:	Pinn.	ncle M	10ecal;	Carps	-cife
2. The principal of	office address:	680 M	ichigan	Ave.	Suite	9101
·		Miami	BRALL	, FL	38139	
3. The mailing ad	ldress (if different)	:				
4. Date of incorpo	oration/qualificatio	n: 9 (10)	28 Docum	ment number:	7080	00083372
	street address of th ment of State: (If re			gistered office	on file with the	
-	7	DO3 Krs	mer	······································	· · · · · · · · · · · · · · · · · · ·	\$ 0 8
-	1680 -	4: wigan	Ave.	Suite	919	
-	Miani	Beach.	FL 3	3139	.	ASSE P
6. The name and (if changed):	street address of th	e new registered	agent (if change	d) and /or reg	istered office	OF STA
-		Deja.	· Dju	: .		RIDA S
-	1680 1	(P.O. Box NOT accept	AUE.	Suita	917	
	Miami	Bear	الم. F د	3313	5	
The street address as changed will be	ss of its registered be identical.	office and the st	reet address of	the business o	office of its regi	stered agent,
Such change was authorized by the	authorized by responding authorized by responding authorized by responding by authorized by authorized by responding by authorized by responding by authorized by responding by authorized by authorized by responding by authorized by responding by authorized by authoriz	solution duly add poration has bee	opted by its boa in notified in wi	rd of director iting of the c	s or by an offic hange.	er so
(Signaturi	e of an officer or directo	r)			ed name and title)	<u> </u>
	the appointment as to comply with the I I am familiar with the giled merely to the then notified in w		nt and agree to statutes relative obligation of nin the registered inge.	act in this cap e to the prope ny position as d office addre	pacity. er and complete registered age ess, I hereby con	performance nt. Or, if this nfirm that the
<	1			9/	30/08	
_	nature of Registered Age	nt)		(Ď	ate)	
If signing on beh	nalf of an entity:					
(Ty	yped or Printed Name)					

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