

P09000003828

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DIVISION OF CORPORATIONS  
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## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Universal Scripts, Inc.  
Name of Corporation

**DOCUMENT NUMBER:** P09000003828

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:

Armando Capote  
Name of Contact Person

Universal Scripts, Inc.  
Firm/Company

2742 SW 8 Street Suite 12-13  
Address

Miami, Florida 33135  
City/State and Zip Code

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Armando Capote at ( 786 ) 337 5941  
Name of Contact Person 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**

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: Universal Scripts, Inc.  
2. The principal office address: 2742 SW 8 Street Suite 12-13, Miami, Florida 33135

3. The mailing address (if different): \_\_\_\_\_

4. Date of incorporation/qualification: 01/13/2009 Document number: P09000003828

5. 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)

Carlos Rodriguez  
2742 SW 8 Street, Suite 12-13  
Miami, Florida 33135

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

Armando Capote  
2742 SW 8 Street, Suite 12-13  
Miami, Florida 33135

P.O. Box NOT acceptable

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, ☒ the corporation has been notified in writing of the change.

\_\_\_\_\_  
Signature of an officer or director

Armando Capote  
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

04/13/2011  
Date

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  
CR2E045 (8/05)

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DIVISION OF CORPORATIONS  
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