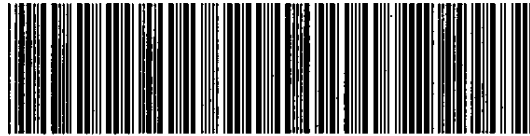


PO91000004 237

EXPERT WILD LIFE TRAPPERS  
820 NE 212 TENNESSEE # 2  
NORT MIAMI BEACH FL 33179



600163766956

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_

Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only

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AND  
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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

APPRO  
11/15/10  
TL

**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: EXPERT WILDLIFE TRAPPERS INC  
2. The principal office address: 820 NE 212 TERRACE # 2  
NORTH MIAMI BEACH FL 33179  
3. The mailing address (if different): \_\_\_\_\_

4. Date of incorporation/qualification: 01-21-2009 Document number: 26-4081765

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)

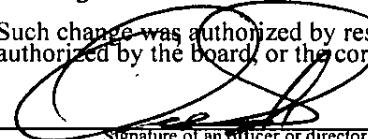
~~RESIGNED~~ John Zinko  
11720 NE 2ND AV  
MIAMI FL 33161 (DOCUM # P09000004237)

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

OSMAR SILVA  
820 NE 212 TERRACE # 2  
P.O. Box NOT acceptable  
NMB FL 33179

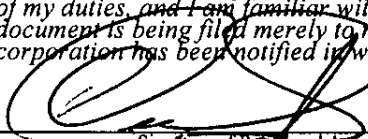
The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

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

PRESIDENT OWNER  
\_\_\_\_\_  
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

01-11-2010  
\_\_\_\_\_  
Date

If signing on behalf of an entity:

OSMAR SILVA  
\_\_\_\_\_  
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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