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EXAMINER

COVER LETTER

TO: Amendment Section Division of Corporations		
SUBJECT: Cynthia m. Garcia & Associates, Inc. Name of Corporation		
DOCUMENT NUMBER: P09000048232		
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:		
Cynthia m. Garcia Name of Contact Person		
Cynthia m. Garcia & Associates, Inc.		
1692 SW 154 CT Address Mr. 4 Wilheld		
Miami, £ 33 185 City/State and Zip Code		
E-mail address: (to be used for future annual report notification)		
For further information concerning this matter, please call:		
Cynthia m. Corcus at 305 525-8000 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: Cynthia m. Garcia & Associates, Inc
2. The principal office address: 1692 SW 154 CT MIAMI, FL 33185
3. The mailing address (if different): Same
4. Date of incorporation/qualification: 6/2/09 Document number: P09000048233
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)
Cynthia m. Garcia
Cynthia m. Garcia 2423 SW 147 Ave #119 moved From
miami, Fi 33185 + this address
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):
Cynthia m. Garcia = \$
Cynthia m. Garcia = 5
P.O. Box NOT acceptable Miami, FL. 33185
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 of the corporation has been notified in writing of the change.
Signature of an officer or director Cynthia m. Garcia, Printed or typed name and title President
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.
4/25/11
Signature of Registered Agent Date
If signing on behalf of an entity:
Cynthia m. Garcia

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

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