P09000057639

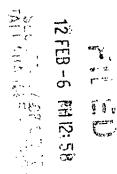
(Requestor's Name)			
(Requestor's Name)			
(Address)			
•			
(Address)			
•			
(City/State/Zip/Phone #)			
PICK-UP WAIT MAIL			
(Business Entity Name)			
(Document Number)			
·			
Certified Copies Certificates of Status			
Special Instructions to Filing Officer:			
·			

Office Use Only



300220366253

02/06/12--01033--009 **35.00



RA Change 2/8/12

COVER LETTER

Amendment Section Division of Corporations

TO:

SUBJECT:	MALEBASI Name of	Corporation	<u>.</u>
DOCUMENT NUMI	BER: PO	9000057639	
The enclosed Stateme	nt of Change of Registered Off	ice/Agent and fee are sub	omitted for filing.
Please return all corre	spondence concerning this mat	ter to the following:	
		VALENCIA Contact Person	
_	MALEBA Firm/	SICS CORP	
_		V 100 LANE	·
		FL 33196 and Zip Code	
E-	buyer@ma mail address: (to be used for	ebasics.com future annual report no	otification)
For further informatio	n concerning this matter, please	e call:	
	JL VALENCIA of Contact Person	at (<u>514</u>) Area Code & Da	638-7526 Bytime Telephone Numbe
Enclosed is a \$35.00 c	heck made payable to the Depa	artment of State.	
	Mailing Address: Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Clifton Buil	t Section Corporations Iding tive Center Circle

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 its 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: MALEBASICS CORP
2. The principal office address: 15629 SW 100 LANE MIAMI, FL 33196
3. The mailing address (if different):
4. Date of incorporation/qualification: 07/06/2009 Document number: P09000057639
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)
ALBERTO VALENCIA
15629 SW 100 LANE
MIAMI,FL 33196
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):
BLANCA VALENCIA
15629 SW 100 LANE
P.O. Box NOT acceptable MIAMI, FL 33196
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 tuly 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 ALBERTO VALENCIA, DIRECTOR Printed or typed name and little
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 folified in writing of this change.
Signature of Registered Agent Date
If signing on behalf of an entity:
BLANCA VALENCIA Typed or Printed Name

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

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