(Requestor's Name) (Address)	90019332			
(Address)	30013032			
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL	02/09/1101010			
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:	78 D			
	In the second			

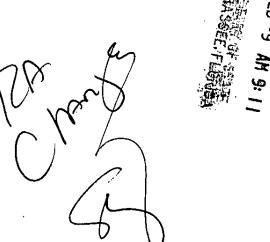
Office Use Only

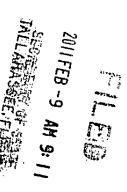
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COVER LETTER

Division of	Corporations	
SUBJECT:	Change of Ad	dress
	Name of Cor	poration
DOCUMENT NU	MBER: P0900	00100541
The enclosed State	ment of Change of Registered Office/A	Agent and fee are submitted for filing.
Please return all co	rrespondence concerning this matter to	the following:
	Sheryl A. Mo	ore, Esq.
'	Name of Conta	act Person
	Law Offices of Shery	/ł A. Moore, P.A.
	Firm/Com	pany
	200 South Andrews A	venue, Suite 902
	Addres	SS
	Fort Lauderdale City/State and	, FL 33301
	City/State and	Zip Code
	sam@smoore-far	milvlaw.com
_	E-mail address: (to be used for fut	ure annual report notification)
For further informa	tion concerning this matter, please cal	l:
She	eryl A. Moore, Esq.	at (954) 760-5636
Nar	ne of Contact Person	at (954) 760-5636 Area Code & Daytime Telephone Number
Enclosed is a \$35.0	0 check made payable to the Departm	ent of State.
	Mailing Address: Amendment Section	Street Address: Amendment Section
	Division of Corporations	Division of Corporations
	P.O. Box 6327	Clifton Building
	Tallahassee, FL 32314	2661 Executive Center Circle

Tallahassee, FL 32301

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

statement of cha	unge is submitted for a co	orporation organized	607.1508, or 617.1508, Flo I under the laws of the Sta I agent, or both, in the Stat	te of Florida		_
			Sheryl A. Moore, I enue, Suite 902, Fort		∍, FL ∶	33301
3. The mailing a	address (if different):					
4. Date of incorp	poration/qualification:	12/15/2009	Document number:	(090001	00541	
	d street address of the cur rtment of State: (If resign		t and registered office on f	ile with the		
	Sheryl A. Moore, E	sq.		<u> </u>		
	800 SE 3rd Avenu	e, 4th Floor				
	Fort Lauderdale, F	L 33316		-		
6. The name and (if changed):	d street address of the ne	w registered agent (i	f changed) and /or register	ed office	2011 FEB	-
	Sheryl A. Moore, E	sq.			0	THE CONT
	200 South Andrew				A	200000
	Fort Lauderdale, F	P.O. Box NOT act	ceptane		9:	1962445"
The street addreas changed will			dress of the business offic	e of its registe	red age	nt,
Such change wa	as authorized by resolut	ion duly adopted by	y its board of directors or ed in writing of the chang	by an officer s	30	
_/Wer	re chan efficer or director		Sheryl A. Moore,	Esq. Presid		_
I further oorde	to ofimaly with the prov	icione of all etatuto	gree to act in this capacit s relative to the proper an tion of my position as reg egistered office address, I	nd complete ne	erforma Or, if t m that t	nce his the
	Mure of Registered Agent		2 4 2011 Date			_
If signing on be	half of an entity:					
Sherul	A. Moore					
	vned or Printed Name					

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