

P100000610810

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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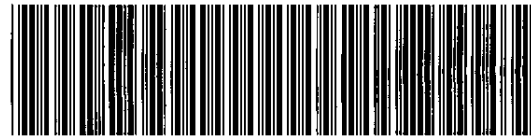
(Business Entity Name)

(Document Number)

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10 OCT 25 AM 9:07
SECRETARY OF STATE
TALLAHASSEE, FL 32399

BAP
10/28/10
TL

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: HORIZONTES INFINITOS CO.
Name of Corporation

DOCUMENT NUMBER: P10000010810

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:

MAURIZIO MERISIO

Name of Contact Person

HORIZONTES INFINITOS CO

Firm/Company

415 AUGUSTA BLVD # 307

Address

NAPLES FLORIDA 34113

City/State and Zip Code

PUERTO RICO STEPPES

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

For further information concerning this matter, please call:

JOE MATKOWSKY

Name of Contact Person

at

(800) 246-2677

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: HORIZONTES INFINITOS CO.
2. The principal office address: CALLE MARCASPIO 54, MELONERAS, LAS PALMAS 35109 ES
415 AUGUSTA BLVD # 307, 34113 NAPLES FL
3. The mailing address (if different): _____

4. Date of incorporation/qualification: 02/04/2010 Document number: P10000010810

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)

MERISIO, MAURIZIO

415 AUGUSTA BLVD # 307

Naples, FL 34113

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

InCorp Services, Inc.

17888 67th Court North

P.O. Box NOT acceptable

Loxahatchee, FL 33470

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.

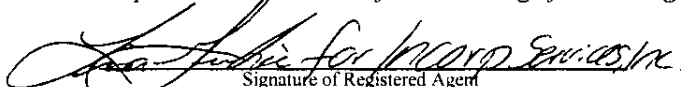


Signature of an officer or director

MAURIZIO MERISIO SOLE DIRECTOR

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

September 10, 2010

Date

If signing on behalf of an entity:

Lisa Granskie on behalf of InCorp Services, Inc.

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