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(Re	equestor's Name)	
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

JAN 13 2015 T. CARTER

COVER LETTER

TO: Amendment Section Division of Corporations
SUBJECT: XTPEME AUDIO VIDED, COSP Name of Corporation
DOCUMENT NUMBER: P1000013857 (P1000013857) 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:
VUIS Carillo, President Name of Contact Person
Xtreme Audio Video Corp.
2930 SW. 80th Avenue.
Mami, Florida 33155 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Name of Contact Person at (#305) 87 K-605 U 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, 617.1508, Florida Statutes, this	
statement of change is submitted for a corporation organized under the laws of the State of	
in order to change its registered office or registered agent, or both, in the State of Florida.	
1. The name of the corporation: XTRINE HUDIO VORO, COVO.	
2. The principal office address: 2430 SVI 804 HVENUE 3 MICM/ F	<u> </u>
33155	
3. The mailing address (if different):	
4. Date of incorporation/qualification: 02/15/200 Document number: 410000 13857	
, ,	
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)	
LINIS CAMILLO	
5122 Alixa Moth Angolica 55 A	SE
MIAMI Thrida 231/1	CRE
	AT R
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):	Y PER S
Luis Corrillo	ĮĂĮ
2030 Sul RATH Anonus	, im
P.O. Box NOT acceptable	
Mani, FL 33155	
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, on the corporation has been notified in writing of the change.	
Lyns Carrilla Presydent	
Signature of an officer or 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 Date	
If signing on behalf of an entity:	
Liuis Carilla	
Typed or Printed Name	

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