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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: DIEGO FIGUEROA Name of Contact Person								
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DIEGO FIGUEROA Name of Contact Person E & F LATIN ACCOUNTING Firm/Company 2645 EXECUTIVE PARK DRIVE STE 137 Address WESTON FL 33331 City/State and Zip Code DIEGO@EFLATINACCOUNTING.COM E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: DIEGO FIGUEROA at (954) 384 8565 Name of Contact Person Area Code & Daytime Telephone No.								
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Enclosed is a \$35.00 check made payable to the Department of State.	Number							
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	e							

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

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statement of ch	provisions of sections 607.050 ange is submitted for a corpore er to change its registered offic	ation organized	l under the laws of the Sta	te of FLORIDA
	the corporation: LANDA L			
2. The principal DAVIE FL	office address: 12555 ORA . 33330	ANGE DRIV	E SUITE 108	
3. The mailing a	address (if different):			
4. Date of incor	poration/qualification: 03	/29/2010	_ Document number:	P10000027531
	d street address of the current r rtment of State: (If resigned, er	~ ~	t and registered office on t	file with the
	LANDA HONORINO			<u> </u>
	1011 WATERSIDE CIF	RCLE		.•
	WESTON FL 33327			72H
6. The name and (if changed):	d street address of the new regi	istered agent (in	changed) and /or register	red office ASA
	DIEGO FIGUEROA			
	2645 EXECUTIVE PAR	RK DRIVE S	UITE 135	A D: 3
		P.O. Box NOT acc	eptable	—— Rice 31
	WESTON FL 33331			
The street addras changed will	ess of its registered office and be identical.	I the street add	ress of the business offic	ee of its registered agent,
Such change w authorized by t	as authorized by resolution du he board, or the corporation h	uly adopted by as been notific	its board of directors or ed in writing of the chang	by an officer so ge.
Signati	are of an officer or director		DIREC Printed or typed nam	
I further agree of my duties, ar document is be	the appointment as registere to comply with the provisions nd I am familiar with and acc ing filed merely to reflect a cl been notified in writing of the	s of all statutes ept the obligat hange in the re	gree to act in this capaci relative to the proper ar ion of my position as reg gistered office address, i	ty. nd complete performance ristered agent. Or, if this I hereby confirm that the
	7.=		06/24/2	2010
Sig	nature of Registered Agent		Date	
If signing on be	ehalf of an entity:			
	IEGO FIGUEROA			
7	yped or Printed Name			

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