## P100063869

(Re	questors Name)		
(Ad	dress)		
(Ad	dress)		
	(O) 1. (7) (D)		_
(Cit	y/State/Zip/Phone#	·)	
PICK-UP	WAIT	MAIL	:
(Bu	siness Entity Name	)	_
(Do	cument Number)		-
Certified Copies	_ Certificates o	f Status	_
Special Instructions to	Filing Officer:	,	



Se Only



600191845756

01/19/11--01009--014 \*\*35.00



## **COVER LETTER**

TO: Amendment Section Division of Corporation	ns
SUBJECT: TOP-NET INT	ERNATIONAL INC Name of Corporation
DOCUMENT NUMBER: PO	000063869
The enclosed Articles of Correct	ction and fee are submitted for filing.
Please return all correspondence	e concerning this matter to the following:
JUAN E. BERAN	tact Person
TOP-NET INTERNATIONAL Firm/Con	
11030 S. LAKE VIEW DR.	5
PEMBROKE PINES, FL 330 City/State a	026 and Zip Code
juanberan@hotmail.com E-mail address: (to be used for	r future annual report notification)
For further information concern	ning this matter, please call:
Juan E. Beran	at (957/ 3928942 -
Name of Contact Person	Area Code & Daytime Telephone Number
Enclosed is a check for the follo	owing amount:
\$35.00 Filing Fee	☐ \$43.75 Filing Fee & Certificate of Status
\$43.75 Filing Fee & Certified	d Copy \$52.50 Filing Fee, Certificate of Status & Certified Copy
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

statement of cl	e provisions of sections of nange is submitted for a co der to change its registered	prporation organize	d under the laws of the Sta	te of FLORIDA	
1. The name of	f the corporation: TOP -	NET INTER	NATIONAL INC		
	d office address: 11030			ES FL 33026	_
i i, ara					
3. The mailing	address (if different): 110	030 S LAKE VIE	W DR, PEMBROKE	PINES FL 33026	
4. Date of inco	poration/qualification:	08/04/2010	_ Document number:	P10000063869	
	d street address of the curr rtment of State: (If resigne		and registered office on f	ile with the	
	JUAN E. BERAN				
	5610 N2 114th PLA	CE, #202		- Zs 2	
	DORAL, FL 33178				
6. The name and (if changed):	d street address of the new	registered agent (if	changed) and /or registere	OII JAN 19 SECRE JAN 19 LL AHASSEI	
	JUAN E. BERAN				
	11030 S. LAKE VIE			- 00 00 00 00 00 00 00 00 00 00 00 00 00	
	PEMBROKE PINES	P.O. Box NOT acce , FL 33026	ptable	—— ≪ <b>(A</b>	
The street addre	ss of its registered office be identical.	and the street addr	ess of the business office	of its registered agent,	
Such change wa authorized by th	s authorized by resolution e board, or the corporation	n duly adopted by i on has been notified	ts board of directors or b I in writing of the change	y an officer so	
Olgnojuro	of an officer of effector		JUAN E. BI	ERAN	
I hereby accept to I further agree to of my duties, and document is being corporation has	the appointment as regist occinply with the provisi I I am familiar with and a og filed merely to reflect of been notified in writing o	ered agent and agr ans of all statutes r accept the obligation thange in the reg of this change.	ree to act in this capacity, velative to the proper and on of my position as regis istered office address, I h	complete performance tered agent. Or, if this ereby confirm that the	
X	130cm	<u></u>	12/05/20	10	
	alf of an entity:	<del></del>	Date		
				•	
Тур	ed or Printed Name	•			

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