P10000065473

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PICK-UP	P WAIT	MAIL
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	(Document Number)	
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Certified Copies	Certificates of	Status
		
Special Instructions	s to Filing Officer:	
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to of



COVER LETTER

TO:	Amendment Sec Division of Cor	ction porations		
SUBJ	ECT:	Universe Cons	sultant, Inc.	
		Name of C	corporation	
DOC	UMENT NUMBE	R:P10	000065473	
The e	nclosed Statement	of Change of Registered Offic	e/Agent and fee are submit	ted for filing.
Please	e return all corresp	ondence concerning this matte	r to the following:	
		Marilyr	Llanes ontact Person	
		Name of Co	ontact Person	
		Linivara Ca		
		Universe Co	onsultant, Inc.	
		rimi/C	ompany	
		7466 NW	8th Street	
	-1		ress	
		Miami, Flo	rida 33126	
		City/State a	nd Zip Code	
		mllanes@univers	econsultant.com	
	E-m	ail address: (to be used for	future annual report notif	ication)
For fu	orther information	concerning this matter, please	call:	
	Mai	rilyn Llanes	at (305)	265-6296
	Name of	Contact Person	Area Code & Dayti	265-6296 me Telephone Number
Enclo	sed is a \$35.00 che	eck made payable to the Depar	tment of State.	
		Mailing Address: Amendment Section	Street Address: Amendment So	ection
		Division of Corporations	Division of Co	•
		P.O. Box 6327	Clifton Buildin	_
		Tallahassee, FL 32314	Tallahassee, F	e Center Circle L 32301

TO:

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

statement of cha	provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this nge is submitted for a corporation organized under the laws of the State of Florida
	r to change its registered office or registered agent, or both, in the State of Florida.
	he corporation: Universe Consultant, Inc.
2. The principal	office address: 7466 NW 8th Street, Miami, Florida 33126
3. The mailing a	ddress (if different):
4. Date of incorp	poration/qualification: 08/10/2010 Document number: P10000065473
	street address of the current registered agent and registered office on file with the tment of State: (If resigned, enter resigned)
	Marilyn Llanes
	13335 SW 124th Street, Suite 103
	Miami, Florida 33186
6. The name and (if changed):	street address of the new registered agent (if changed) and /or registered office
	7466 NW 8th Street
	Miami, Florida 33126
	P.O. Box NOT acceptable
	ess of its registered office and the street address of the business office of its registered agent, be identical.
Such change was authorized by the	a authorized by resolution duly adopted by its board of directors or by an officer so board, or the corporation has been notified in writing of the change.
Signatur	Marilyn Llanes re of an officer or director Printed or typed name and title
•	the appointment as registered agent and agree to act in this capacity, to complete performance to complete the provisions of all statutes relative to the proper and complete performance at I am familiar with and accept the obligation of my position as registered agent. Or, if this ing filed marely to reflect a change in the registered office address, I hereby confirm that the speen notified in writing of this change.
	10/12/2010
- Sig	nature of Registered Agent Date
If signing on be	chalf of an entity:
Т,	Marilyn Llanes yped or Printed Name

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR2E045 (8/05)

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