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Office Use Only



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ASC 10/20/11

COVER LETTER

TO: Amendment Section Division of Corporations
SUBJECT: Indra Holding and Investment, Corp. Name of Corporation
DOCUMENT NUMBER:
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:
Blanen Luna. Name of Contact Person
Excellence Consolting.
14. N.E 1st Avenue Suite 211 Address
Migmi FL. 33132
City/State and Zip Code
blan. 61@hotmail.com.
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Blanca Juna at (786) 2375255
Name of Contact Person Area Code & Daytime Telephone Number
Enclosed is a \$35.00 check made payable to the Department of State.
Mailing Address: Amendment Section Street Address: Amendment Section

Division of Corporations

Tallahassee, FL 32301

2661 Executive Center Circle

Clifton Building

Division of Corporations

Tallahassee, FL 32314

P.O. Box 6327

CR2E045 (8/05)

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

Pursuant to the p statement of char	rovisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this age is submitted for a corporation organized under the laws of the State of F/v
in order	to change its registered office or registered agent, or both, in the State of Florida.
1. The name of th	ne corporation: Indra Holding and Investment, C
2. The principal of	office address:
• •	
3. The mailing ad	dress (if different): 14 WE 1st ave Suite 211
	Miamo Fd. 33132
4. Date of incorpo	oration/qualification: 08/26/2010 Document number: P100000 70513
5. The name and	street address of the current registered agent and registered office on file with the ment of State: (If resigned, enter resigned)
	Banos Dusia la Associates P.A
-	Banos David & Associates P.A. 7875. NW. 29TH Street F.
	1875. NW. 0717 STLEED - FE 3 1
	Dural FL. 33122.
-	
	street address of the new registered agent (if changed) and /or registered office
(if changed):	C on O Ho SA 5
	Excellence Consulting
	14 NG 1st ave Suite 211. P.O. Box NOT acceptable bruiani FL. 33132
•	P.O. Box NOT acceptable
	bruini FL. 33132
-	
The street address as changed will be	is of its registered office and the street address of the business office of its registered agent, be identical.
	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.
llu	susto Tauroni Olyst Fouring.
Signature	or an officer or director Printed or typed name and title
I hereby accept t I further agree to	he appointment as registered agent and agree to act in this capacity. I comply with the provisions of all statutes relative to the proper and complete performance I am familiar with and accept the obligation of my position as registered agent. Or, if this g filed merely to reflect a change in the registered office address, I hereby confirm that the been notified in writing of this change.
of my dutiës, and document is bein	I am familiar with and accept the obligation of my position as registered agent. Or, if this g 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.
	10/12/11
Signi	attire of Registered Agent Date
If signing on beh	alf of an entity:
	a new Juna
	a New June Printed Name

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