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PICK-UP	WAIT	MAIL
· (B)	usiness Entity Name	<u>,                                     </u>
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Certified Copies Certificates of Status		
Special Instructions to	Filing Officer	
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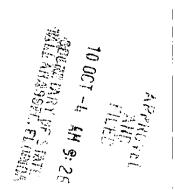




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No.

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## **COVER LETTER**

TO: Amendment Section Division of Corporations		
SUBJECT: 64Y PYOFESSIONAL CONTEXT, INC.  Name of Corporation		
DOCUMENT NUMBER: P1000079273		
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:		
HIPOLITO VALALVIES O Name of Contact Person		
GEY POFESSIONAL CONTEXT, INC		
8344 SW & St St. 305 Address		
MIAMI, FL 33144 City/State and Zip Code		
Valdy 058 yando com  E-mail address: (to be used for future annual report notification)		
For further information concerning this matter, please call:  11. 001 - 101 - 000 - 200 - 200 - 000 -		
Name of Contact Person at (305) 316 COC 9  Area Code & Daytime Telephone Number		
Employed in a \$25.00 check made moveble to the Demontment of State		

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, or 617.1508, Florida Statutes, this
statement of change is submitted for a corporation organized under the laws of the State of +10400000000000000000000000000000000000
1. The name of the corporation: 684 professional conter, inc
2. The principal office address: 6344 SW 8 STIPLY STP. 305
miami, FL 33144
3. The mailing address (if different): SOME OS ONOVE
4. Date of incorporation/qualification: 9/28/2010 Document number: P10000079 273
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)
6420 West Flager street
Ste. 217
miami, FL 33144
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):
9344 SW & Street Stc. 305
miami, FL 33144
P.O. Box NOT acceptable
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, or the corporation has been notified in writing of the change.
HIPOINTO E. VOLVICO PRESIDENT  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:
HIPOLITO E VAIDINIESO

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

Typed or Printed Name