P11000001819

(R	equestor's Name)				
(A	ddress)				
(A	ddress)				
(C	ity/State/Zip/Phone #)				
PICK-UP	☐ WAIT	MAIL			
(B	usiness Entity Name)				
(Document Number)					
Certified Copies	Certificates of	Status			
Special Instructions to	Filing Officer:				





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R.A.

APR 2 9 2013

T. BROWN

COVER LETTER

TO: Amendm Division	ent Section of Corporations							
cidie <i>c</i> e.	WEBASS CORPORATI	ON						
SUBJECT:	Name of Corpor	ration						
	P1100000	1819						
DOCUMENT N								
The enclosed Stat	tement of Change of Registered Office/Ag	ent and fee are submitted for filing.						
Please return all o	correspondence concerning this matter to the	he following:						
	Alvaro L. Mejer, Es	q.						
	Name of Contact	Person						
	Mejer Law. P.A.							
	Firm/Compar	ny						
	2222 Ponce de Leon Blvd.	, Penthouse						
	Address							
	Coral Gables, FL 3	3134						
	City/State and Zip Code							
	amejer@mejerlaw.co	om						
	E-mail address: (to be used for future	annual report notification)						
For further inform	nation concerning this matter, please call:							
Alvaro	L. Mejer	305 444-3355						
Ni	ame 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	Division of Corporations						
	P.O. Box 6327	Clifton Building						
	Tallahassee, FL 32314	2661 Executive Center Circle						

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

Pursuant to the prostatement of change										
		egistered office								
	-	W	_	CORPOR			•			
1. The name of the	-	175 S.W.	7+h C	· · ·	Suito	1204	Mian		T 22	120
2. The principal of	fice address:_	1/5 S.W.	7 CH S	ocreet,	Suite	1204,	MILA	H1, F		130
3. The mailing add	ress (if differe	ent):								
4. Date of incorpor	ration/qualific	ation:1/6	/2011	Doc	ument nu	mber:	P110	0000	1819	
5. The name and st Florida Departm	ent of State: (ter resign		egistered	office on	file with	the		
_	5210	S.W. 201	St Te	race						
_	South	west Ran	ches,	FL 3333	2				,	ol S
6. The name and st (if changed):		J	J	nt (if chang	ged) and /	or registe	red offic	e	13 APR 22	ECRETAR'S
_		aro L. Me 22 Ponce		on Plud	l Dei	athous			P¥	CORPORATI
_			O Box NOT	' scoontship	., 16.				2: 29)RATIONS
The street address as changed will be	of its register	ed office and	the street	address of	the busin	ess offic	e of its n	egistere	d agen	t,
Such change was a authorized by the	intherized by		•							
lufe		4.		Luis	M. De	La Ve	ga, P	res.		
7	f an officer or dire	/				r typed name				
I hereby accept the I further figree to coperformance of my agent. Or, if this a hereby confirm that	e appointment comply with the duties, and delices, and delices, and delicement is but the corpora	as registered be provisions of am familiar we eing filed mere tion has been	agent an of all state with and a cly to refl notified in	d agree to cutes relative cept the oect a change writing of	act in this e to the p bligation ge in the i f this cha	s capacity roper and of my por registered nge.	v. d comple sition as l office d	ete s registe uddress,	ered I	
Ellent	re of Registered A	nemt		4	118/	201	3		·	
If signing on behal		g		,	/	Det				
Typed	or Printed Name		_							

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR2E045 (03/12)

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