P11000003154

| (Requestor's Name) |
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MAR 1 5 2012 T. ROBERTS

COVER LETTER

| TO: Amendment Section Division of Corporations |
|---|
| SUBJECT: Onyx Investment World Corp. Name of Corporation |
| DOCUMENT NUMBER: P1100003154 |
| 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: |
| Nelson R. Suarez Name of Contact Person |
| Onyx Investment World Corp. Firm/Company |
| P.O. Box 133166 Address |
| Hialeah, FL 33013 City/State and Zip Code |
| E-mail address: (to be used for future annual report notification) |
| For further information concerning this matter, please call: |
| Richard IV. Starez at (305) 5UZ-1327 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
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

CR2E045 (8/05)

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

| statement of chai | provisions of section of the submitted for to change its regist | a corporation | organized und | er the laws of the | e State of | -lorida. |
|--------------------------------------|--|---|---|---|--|---|
| 1. The name of the | ne corporation: | nyx I | nvestm | ent Wo | rid Co | rP |
| | office address: | | | Hialeah | | 3017 |
| 3. The mailing ac | dress (if different): | | | | | |
| 4. Date of incorp | oration/qualification | : 1/10/2 | OII Do | cument number: | P1100 | 0003154 |
| 5. The name and Florida Depart | street address of the ment of State: (If re- 450 A | signed, enter re | esigned) Nel | registered office SóN L SU ah, FL 3 | arez | he |
| 6. The name and (if changed): | street address of the | 31 St | | , FL 33 | istered office | SECRETARY OF STATE |
| - | ss of its registered one identical. | | | | | |
| Such change was authorized by the | authorized by reso board, or the corp | olution duly ac oration has be | lopted by its be en notified in | oard of director writing of the c | s or by an off hange. | icer so |
| ter | they. | | | precident | t' | |
| | of an officer of director he appointment as becomply with the pi I am familiar with g filed merely to re been notified in wri | registered age rovisions of al and accept th flect a change ting of this ch | ent and agree i Il statutes rela le obligation o in the registe ange. | to act in this cap tive to the prope f my position as red office addre | d name and title pacity. er and comple registered as sss, I hereby c | ete performance gent. Or, if this onfirm that the |
| lee | assy: | | | 03/11/20 | 12 | |
| | nture of Registered Agent | | | Da | ite | |
| f signing on beh | · | | | | | |
| | . SUCYCZ ocd or Printed Name | | | | | |

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

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