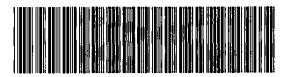
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## **COVER LETTER**

TO: Amendment Section Division of Corporations	
SUBJECT: Latin Supplies and Services, CORP.  Name of Corporation	
DOCUMENT NUMBER: P 11000033621	
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:	
LUZ A. ACOSTA.  Name of Contact Person	
Name of Contact Person	
Les a. art.	
2675 SW 17 Ave	
Miami, H 33133 City/State and Zip Code	
E-mail address: (to be used for future annual report notification)	
E-man address. (to be used for future amula report notification)	
For further information concerning this matter, please call:	
LUZ A . ACO 57A at (305') 305 07 28  Name of Contact Person Area Code & Daytime Telephone Number	
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 Division of Corporations	

Clifton Building

2661 Executive Center Circle Tallahassee, FL 32301

CR2E045 (8/05)

P.O. Box 6327

Tallahassee, FL 32314

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

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 Florida to change its registered office or registered agent, or both, in the State of Florida.
1. The name of the	ne corporation: Latin Supplies and Services, CORP.
2. The principal of	office address: 2675 SW 17 Ave Hiami, +1 33/33
3. The mailing ac	ldress (if different):
4. Date of incorpo	oration/qualification: 03 30 201 Document number: P110000 3362
	street address of the current registered agent and registered office on file with the ment of State: (If resigned, enter resigned)
	Perez, Natholia
	2675 SW 17 bre
•	Hipmi, H 33133
6. The name and (if changed):	street address of the new registered agent (if changed) and /or registered office  Luz. A. Acosta  2675 Sw 17 Ave.  PO Box NOT acceptable
-	Hiemi, H 33133.
	s of its registered office and the street address of the business office of its registered agent, be identical.
	s 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.
	dia Penez  Olian Officer or director  Printed or typed name and title
I hereby accept to I further agree to of my duties, and document is bein	he appointment as registered agent and agree to act in this capacity. It comply with the provisions of all statutes relative to the proper and complete performance of am familiar with and accept the obligation of my position as registered agent. Or, if this go filed merely to reflect a change in the registered office address, I hereby confirm that the been notified in writing of this change.
Luz a. O	tuosta:  OS III 2011.  Date
If signing on beh	alf of an entity:
Nolson. N	ed or Printed Name

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