

P11000051119

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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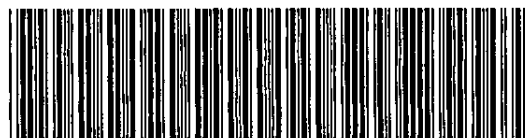
(Business Entity Name)

(Document Number)

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AUG 16 2013

R. WHITE

STATE OF ALABAMA
JUL 12 2013 3:15 PM

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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: SISAMAX 1 INC
Name of Corporation

DOCUMENT NUMBER: P11000051119

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:

ROMINA TASSO
Name of Contact Person

SISAMAX 1 INC
Firm/Company

3529 SW 169th Ter
Address

Miramar FL 33027
City/State and Zip Code

rominatasso@hotmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ROMINA TASSO at (786) 273 5966
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

**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 Florida in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: SISAMAX I INC
2. The principal office address: 2392 W 80th ST SUIT #1
HALEAH FL 33016
3. The mailing address (if different): (SAME)
4. Date of incorporation/qualification: 06/01/2011 Document number: P11000051119
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)

2392 W 80th ST SUIT #1
HALEAH FL 33016

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

3529 SW 169th TER
MIRAMAR, FL 33027
P.O. Box NOT acceptable

RECEIVED
FLORIDA DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

AUG 12 PM 3:15

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.

[Signature]
Signature of an officer or director

ROMINA TASSO
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]
Signature of Registered Agent

08/09/13
Date

If signing on behalf of an entity:

ROMINA TASSO
Typed 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 (03/12)