## P11000058421

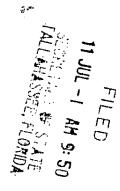
(Requestor's Name)						
(Address)						
(Address)						
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(During Fakh Nama)						
(Business Entity Name)						
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## **COVER LETTER**

TO:	Amendment Section Division of Corporations	<b>3</b>						
SUBJE	SCT:	Wisemen Inve		··· · · · · · · · · · · · · · · · · ·				
		Name of Co	rporation					
DOCU	MENT NUMBER:	P110	00058421					
The end	closed Statement of Chang	ge of Registered Office	Agent and fee are subm	nitted for filing.				
Please 1	return all correspondence	concerning this matter	to the following:					
	Cynthia Aristizabal Name of Contact Person							
		Name of Conf	act Person					
	Wisemen Investments							
		Firm/Cor	npany					
	6570 Grant Ct							
		Addre	ess					
		Hollywood,	FL 33024					
	City/State and Zip Code							
	cintya_d@hotmail.com							
E-mail address: (to be used for future annual report notification)								
For furt	her information concerning	ng this matter, please ca	<b>II</b> :					
	Cynthia Aristi		at ( 954 )	394-4548				
	Name of Contact	Person	Area Code & Day	time Telephone Number				
Enclosed is a \$35.00 check made payable to the Department of State.								
	Amendr Division P.O. Bo	Address: nent Section n of Corporations x 6327 ssee, FL 32314	Street Address Amendment S Division of C Clifton Build 2661 Executi Tallahassee, I	Section Corporations ing ve Center Circle				

TO:

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

statement of cha	inge is submitted for a c	corporation organized	107.1508, or 617.1508, Flo I under the laws of the Sta I agent, or both, in the Sta	te of Florida		
	the corporation: Wise		_	ic of Fishian.		
	office address: 6570		•			
3. The mailing a	ddress (if different):					
4. Date of incorp	poration/qualification: _	June 23 2011	Document number:	P11000058421		
	I street address of the cu trnent of State: (If resig		and registered office on t	file with the		
	Cynthia Aristizabal					
	1952 SW 148th W	/ay Miramar, FL	33027			
6. The name and (if changed):	street address of the ne		changed) and /or register	ed office		
	6570 Grant Ct Ho	P.O. Box NOT aco		TLED		
The street addre as changed will	ss of its registered offi be identical.	ce and the street add	ress of the business offic	e of its registered agent,		
Such change wa authorized by th	s authorized by resolute board, or the corpora	tion duly adopted by tion has been notific	its board of directors or ed in writing of the chang	by an officer so		
Signatur	e of an ollow or director		Printed or typed nam	Aristizebal		
I hereby accept I further agree t of my duties, an document is beit corporation has	the appointment as reso to comply with the prov I am familiar with an ag filed merely to refle been notified in writin	ristered agent and ag visions of all statutes ad accept the obligate ct a change in the re gg of this change.	gree to act in this capacit relative to the proper an ion of my position as reg gistered office address, I	y. d complete performance istered agent. Or, if this hereby confirm that the		
Sier	nature of Registered Agent		6 - 2 T	8-11		
If signing on bel			Date			
	ned or Printed Name					

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