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R.A.

MAY 2 9 2012

T. BROWN

COVER LETTER

TO: Amendment Section Division of Corporations										
SUBJECT: R. BANDIN CURPORATION Name of Corporation										
DOCUMENT NUMBER: P 11 060 106 735										
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:										
ROBERT BANDIN Name of Contact Person										
R. BANDIN CORPORATION Firm/Company										
2626 SW. 92 Place										
MIAMI Fl 33/65 City/State and Zip Code										
E-mail address: (to be used for future annual report notification)										
For further information concerning this matter, please call:										
ROBERT BANDIN at 305, 546 5914 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 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

statement of char	provisions of sections age is submitted for a to change its regist	a corporatio	n organize	d under th	ie laws oj	f the State	of HOR	104	
1. The name of the	ne corporation: <u>R</u>	BAND	ond C	oRpo	PATT	رره			
2. The principal of	ne corporation: R	1420	5W	92 6	PACE				
MIAMI	Pl 3310	,5		/					
	ddress (if different):								
4. Date of incorp	oration/qualification	: 0 1 - 0	>1-12	Docum	nent num	ber: <u> </u>	11 000	106	735
	street address of the tment of State: (If re-			t and regi	stered of	fice on file	e with the		
	Re	SICH	2 D						
							<u> </u>	12 MAY 25	SECRETO OIVISION O
6. The name and (if changed):	street address of the	_	_	-		-	•	S AM	FILED F CORP
	2620 g	ert	BAN	012			_	9	ST/
	2620 \$	5.W. 9	2 pl.	4ce	<u> </u>		_	7	ALE ALE
	MIAMI	P.O.	Box NOT acc	eptable					জ
•									
The street address as changed will	ss of its registered o be identical.	ffice and the	e street add	lress of th	e busine	ss office o	of its regist	ered age	ent,
	s authorized by resc e board, or the corp				_	_			
	e of all officer or director								
I hereby accept if further agree to performance of agent. Or, if this hereby confirm it	the appointment as o comply with the p my duties, and I am s document is being that the corporation	registered a rovisions of familiar wit filed merely has been no	gent and a all statutes th and acce y to reflect otified in w	gree to ac relative pt the obt a change riting of t	et in this to the pr ligation of in the re this chan	capacity. oper and c of my posi egistered c ege.	complete tion as reg ffice addre	istered ess, I	
Rolo	Lature of Registered Agent	'n	_ _	5-	17-	- 10/ Date	2		_
If signing on bel	nalf of an entity:								
- -	-								
Ту	ped or Printed Name		_						

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