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| (Re | equestor's Name) | |
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| PICK-UP | ☐ WAIT | MAIL |
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| Certified Copies | Certificate | s of Status |
| Special Instructions to Filing Officer: | | |
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T. ROBERTS

COVER LETTER

TO: Amendment Section

Division of Corporations

URIFICE 5600 GROUP INC.

Name of Corporation

DOCUMENT NUMBER

P12000008801

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:

Manuel Hernandez

Name of Contact Person

5600 Group Inc.

Firm/Company

PO Box 562710

Address

Miami, FL 33256

City/State and Zip Code

3hproperties@bellsouth.net

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Manuel Hernandez

,,305

594-8699

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

| | provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this ange is submitted for a corporation organized under the laws of the State of Florida | |
|--|---|--------------|
| | er to change its registered office or registered agent, or both, in the State of Florida. | |
| 1. The name of | the corporation: 5600 Group Inc | |
| 2. The principal | I office address: 15190 SW 136 ST, Suite # 1, Miami, FL 33196 | |
| | | |
| 3. The mailing a | address (if different): PO Box 562710, Miami, FL 33256 | |
| 4. Date of incor | poration/qualification: 01/25/2012 Document number: P1200008801 | |
| | d street address of the current registered agent and registered office on file with the rtment of State: (If resigned, enter resigned) | |
| | Sergio A Fleites CPA | |
| | 1575 SW 87 AVE | |
| | Miami, FL 33174 | |
| 6. The name and (if changed): | Manuel Hernandez 15190 SW 136 ST, Suite # 1 P.O. Box NOT acceptable Miami, FL 33196 | SECRE |
| | Manuel Hernandez | 95.7 1 |
| | 15190 SW 136 ST, Suite # 1 | OKPO OKPO |
| | P.O. Box NOT acceptable | : P |
| | Miami, FL 33196 | 5 |
| The street address changed will | ess of its registered office and the street address of the business office of its registered agent. -be identical.) | • |
| Such change wa authorized by th | as authorized by resolution duly adopted by its board of directors or by an officer so he board of the corporation has been notified in writing of the change. | |
| | Manuel Hernandez / VPD | |
| | are of an officer or director Printed or typed name and title | |
| I hereby accept I further agree t performance of agent. Or if the hereby confirm | the appointment as registered agent and agree to act in this capacity. to comply with the provisions of all statutes relative to the proper and complete my duties, and I am familiar with and accept the obligation of my position as registered is document is being filed merely to reflect a change in the registered office address, I that the corporation has been notified in writing of this change. | |
| | inature of Registered Agent jo/18/12 | |
| Sig | nature of Registered Agent Date | |
| If signing on be | half of an entity: | |
| т. | yped or Printed Name | |
| 12 | special rando rando | |

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