

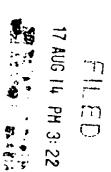
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1 Ocho, 18 2017

is.

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

statement of cha	provisions of sections 607.0502, 617.0502 nge is submitted for a corporation organi	zed under the laws of the State of _	Fionda	his
in order	r to change its registered office or register	red agent, or both, in the State of t	Florida.	
1. The name of t	the corporation: CHISPA INVESTM	IENTS, INC.		
2. The principal	office address: 5811 SW 164th Telest Ranches, Florida 33331-1398	<u>π</u>		
3. The mailing a	address (if different):			
4. Date of incor	poration/qualification: 7/14/1	7 Document number: _ P	1700	200602
5. The name and Florida Depart	d street address of the current registered ag rtment of State: (If resigned, enter resigne	gent and registered office on file w d)	vith the	
	MARA ORELLANA DE VASC	QUEZ	-	
	5811 SW 164th Terr		- C	
	Southwest Ranches, Florida	33331-1398	- 1014 2.18	F. 7 AUG
6. The name an (if changed):	d street address of the new registered ager	nt (if changed) and /or registered o	ffice	II PH
	RICARDO A. ORELLANA		_ \$	<u>ن</u> 🖰
	5811 SW 164th Terr		14 4 14 5	2 2
	P.O. Box NOT	· ·		
	Southwest Ranches, Florida		-	
The street addr	ress of its registered office and the street it be identical.	address of the business office of	its registe	red agent,
Such change wanthorized by	vas authorized by resolution duly adopted the board, or the corporation has been no	I by its board of directors or by a tified in writing of the change.	n officer s	ю
	bure of an princer or direction	MARA ORELLANA Printed or typed name and	SE 1	<u>IASQUEZ</u>
I hereby accep I further agree performance of	of the appointment as registered agent and to comply with the provisions of all states my duties, and I am familiar with and a his document is being filed merely to refund that the corporation has been notified in	accept the obligation of my position of change in the registered of	mplete on as regi fice addre.	stered ss, I
1 The	to Viellett-	8-8-17		
KICAE	_ · · · ·	LAUC		
	pehalf of an entity:			
MARA OR	Typed or Printed Name			
	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR2E045 (03/12)

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