

PI8000064874

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

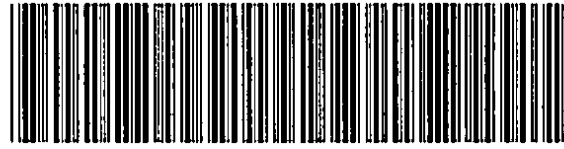
(Business Entity Name)

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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: SIRENA CREDIT COMPANY
Name of Corporation

DOCUMENT NUMBER: P18000064874

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:

JOELLE CHURIK
Name of Contact Person
UNISEARCH, INC.
Firm/Company
1990 MAIN STREET, STE 750-709
Address
SARASOTA, FL 34236
City/State and Zip Code

JOELLE.CHURIK@UNISEARCH.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

JOELLE CHURIK at (888) 617-4478
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
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

