## P21000072653

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## COVER LETTER

TO:

Amendment Section Division of Corporations

SUBJECT: I SG ) EX GYOUP ( Name of Corporation	orp.
DOCUMENT NUMBER: P 210000 72	. 453
The enclosed Statement of Change of Registered Office/Agent a	and fee are submitted for filing.
Please return all correspondence concerning this matter to the fo	llowing:
TSacc R. Ottiz Macha	
TSalex Group Corp.	
1005 NE 8310 # 408 Address	_
City/State and Zip Code	_
E-mail address: (to be used for future annual report notification)	Gmal.(om ation)
For further information concerning this matter, please call:	
I Sacc R. Oytiz Machaelloat (7) Name of Contact Person Ar	86 326 1547. ea Code & Daytime Telephone Number
Enclosed is a \$35.00 check made payable to the Department of S	State.
Division of Corporations Division	ddress: nent Section n of Corporations ntre of Tallahassee
Tallahassee, FL 32314 2415 N. Monroe Street, Suite 810	

Tallahassee, FL 32303

CR2E045 (04/13)

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

Statement of change is submitted for a corporation organized under the laws of the State of <u>Floxyolo</u> .  in order to change its registered office or registered agent, or both, in the State of Florida.
1. The name of the corporation: T 5016x Group Govp.
2. The principal office address: 665 NE 831d TeV # 408  Hiami Fl 33138.
3. The mailing address (if different):
4. Date of incorporation/qualification: 2 12 2 Document number: P210000 7265
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)
ISACC R. OITIZ Machado
665 NF 83 rd # 408
Miami PL 33139
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):
Alejandro David Espinola.
665 NE 83rd Ter # 408 PS # 7
Miami FL 33138 .
The street address of its registered office and the street address of the business office of its registered as changed will be identical.
Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.
TSGC B O(+) 2 Mc(hado).  Printed or typed name and title
I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address. I hereby confirm that the corporation has been notified in writing of this change.
Agricus
Signature of Registered Agent Date
If signing on behalf of an entity:
Alticovino D. Espisado. 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 (04/13)

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