

P93000014735

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

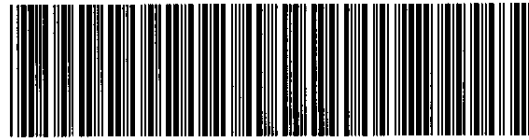
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

R.A.

TBROWN 7-5-11

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: BUENOS AIRES POLO, INC.
Name of Corporation

DOCUMENT NUMBER: P93000014735

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:

CONCETTA R LUPARDO
Name of Contact Person

CONCETTA R LUPARDO CPA PA
Firm/Company

2263 NW 2ND AVENUE SUITE 205
Address

BOCA RATON, FL 33431
City/State and Zip Code

CONCETTA@LUPARDOCPA.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

CONCETTA R LUPARDO at (954) 692-1350
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**

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of FLORIDA _____ in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: BUENOS AIRES POLO, INC.
2. The principal office address: 2263 NW 2ND AVENUE SUITE 205
BOCA RATON, FL 33431
3. The mailing address (if different): PO BOX 7567
DELRAY BEACH, FL 33482
4. Date of incorporation/qualification: 02/19/1993 Document number: P93000014735
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)

BIGNOLI, PEDRO M

9 SW 13TH STREET

FT LAUDERDALE, FL 33315

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

BIGNOLI, PEDRO M

2263 NW 2ND AVENUE SUITE 205

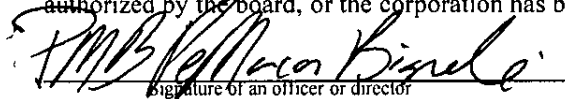
P.O. Box NOT acceptable

BOCA RATON, FL 33431

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TALLAHASSEE, FLORIDA

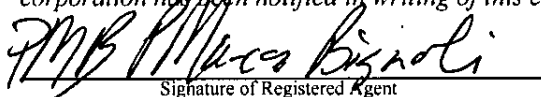
The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

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.


Signature of an officer or director

PEDRO M BIGNOLI DP
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.


Signature of Registered Agent

6/23/2011
Date

If signing on behalf of an entity:

Pedro Marcos Bignoli
Typed or Printed Name

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

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314