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## COVER LETTER

TO:

Amendment Section Division of Corporations

PASO ALTO CORPORATION

Name of Corporation

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:

LOUIS STINSON, JR., ESQ.

Name of Contact Person

LOUIS STINSON, JR., PA

110 MERRICK WAY, SUITE 3A

CORAL GABLES, FL 33134

City/State and Zip Code

LOUIS@STINSONLAW.COM

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

For further information concerning this matter, please call:

LOUIS STINSON, JR., ESQ. at (305 ) 4448807

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

statement of cha	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.
	the corporation: PASO ALTO CORPORATION
2. The principal	office address: 354 SEVILLA AVE GABLES, FL 33134
3. The mailing a	address (if different): 1521 ALTON ROAD #123 BEACH, FL 33139
4. Date of incorp	poration/qualification: MAY 4, 1993 Document number: P93000032857
5. The name and	d street address of the current registered agent and registered office on file with the rtment of State: (If resigned, enter resigned)
	LUIS A GRADOS
	1624 PENNSYLVANIA AVE #2F
	MIAMI BEACH, FL 33139
6. The name and (if changed):	MIAMI BEACH, FL 33139  d street address of the new registered agent (if changed) and /or registered office  STEWART AGENT SERVICES  110 MERRICK WAY, SUITE 3A  P.O. Box NOT acceptable
	STEWART AGENT SERVICES
	110 MERRICK WAY, SUITE 3A
	P.O. Box NOT acceptable  CORAL GABLES, FL 33134
The street addre	ess of its registered office and the street address of the business office of its registered agent, be identical.
	as authorized by resolution duly adopted by its board of directors or by an officer so ne board, or the corporation has been notified in writing of the change.
Signatu	LOUIS STINSON, JR SECR/DIR Printed or typed name and title
I hereby accept I further agree t performance of agent. Or, if thi 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.
Sign	SEPT. 22 , 2014  Date
If signing on bel	half of an entity:
	AGENT SERVICES
Ty	yped or Printed Name

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