## Orlando Piferrer

B.B.A. Accountant

1070 W. 48 Street Hialeah, FL 33012

Phone (305) 362-0031 Fax (305) 558-0318

# P94000007124

September 4, 1998

Secretary of State
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

#### Gentlemen:

Enclosed find Statement of Change of Registered Poffice or Registered Agent for R.V. Home Care, Inc. and check for \$ 35.00 covering the filing fee.

Sincerely,

Orlando Piferre

100002633781--5 -09/08/98--01072--004 \*\*\*\*\*35.00 \*\*\*\*\*\*35.00

R.A. Charge 1 FJ 9-16-98

### Florida Department of State, Sandra B. Mortham, Secretary of State

## 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, the undersigned corporation organized under the laws of the State of submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.	
The mailing address of the corporation is: 7331 Cor	al Way Suite 275
Miami, F	1 33155
3. Date of incorporation/qualification:	
4. The name and address of the current registered agent and	office:
Raul Alvarez	
10 S.W. 49 Ave # 3A	ice: (P. O. Box Not Acceptable)
Miami, Fl 33134	
5. The name and address of the new registered agent and off	ice: (P. O. Box Not Acceptable)
Blanca Arenas	
5310 S.W. 7 Street	
Miami, Fl 33134	
The street address of its registered office and the street ad agent, as changed, will be identical.	dress of the business office of its registered
Such change was authorized by resolution duly adopted by authorized by the board.	y its board of directors or by an officer so
address reed by the goald	a • · · · · · · · · · · · · · · · · · ·
(Signature of an officer, chairman or vice chairman of the t	09/04/98 (Date)
,	00/04/00
Raul Alvarez President. (Printed or typed name and title)	
Having been named as registered agent and to accept set corporation, I hereby accept the appointment as register. I further agree to comply with the provisions of all statut performance of my duties, and I am familiar with and acceptstered agent.	es relative to the proper and complete
X Mauca Lieia arenar (Signature of Registered Agent) Blanca Agent	(Date)
If signing on behalf of an entity:	
(Typed or Printed Name)	(Capacity)
CR2E045(4/95)	FILING FEE: \$35.00