## P95000028210

Amendment Section Division of Corporations

TO:

## TRANSMITTAL LETTER

SUBJECT:	THUMI TON	(Name of co		1)		<del></del>		- 5
DOCUMENT NUMBER:		P950000282	-	,				
		1000		t and foo on	o anhmitte	1 for filing	#	•
The enclosed Statement of (					e suomme	i toi ming.		
Please return all correspond	ence concer	ning this matt	er to the	following:				
Mindy Pordes	Farfan							
(Nam	e of person)		<del></del>	- F &	.== =			15.
Elite Intern	ational F firm/compar		• -		8000	00747 -09/03/02- *****35.0	01043	8 3006 **35.0
16135 Biscay						,		
	Address)							
Miami, FL 33	160			==		-		
(City/stat	e and zip coo	ie)				•		
For further information con	cerning this	matter, please	e call:					
Michael S. Tobin,	Esq.	at ( 30:	5 <sub>)</sub>	895-3225 & daytime te				
(Name of pe	rson)	(Ar	ea code	& daytime te	lephone nu	mber)	а ,	
Enclosed is a \$35.00 check  Mailing Address: Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	<u>S</u> A D 4	treet Address mendment Se Division of Cor 09 E. Gaines S Callahassee, FL	<u>:</u> ction poration Street		<del></del> .	SECRETARY OF STATE ALLAHASSEE, FLORID&	02 SEP -3 PM 12: 47	<u>ח</u>
					A T. 10	FLORIDA Char	nge 9/6/0	12

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

Pursuant to the pre	ovisions of se	ections 607.050	02, 617.0502,	607.1508,	or 617.150	8, Florida	Statutes,
this statement of cha Florida	•				-	•	
of Florida.	in order io	o change its re		•	Ū	or ooin, in	ine State
1. The name of the	corporation:_						
2. The principal off	ice address:	16135 Bisc	cayne Blvd.	., Miami,	FL 33160	<u> </u>	
3. The mailing addr	ess (if differe	nt):					
4. Date of incorpora	ution/qualifica	tion: 04–10–	95	_ Documer	nt number: _	P9500002	28210
5. The name and str Florida Departme	eet address of						
	М	ichael S. T	obin, Esq.				
	1	1900 Biscay	ne Blvd.,	#740			
		iami, FL 33	181	-		TAK TAK	02
6. The name and st	treet address	of the new res	gistered agent	(if change	ed) and /or	registered 7	B Office if T
changed):		indy Pordes		(~~ ~~~~~~		ASSE	ANRY S
	10	6135 Biscayı	ne Blvd.,				9 = 6
-		(P.O. Box or person		ceptable)		— S	Z Z
·	M:	iami, FL 33°	160	-			河上
The street address of agent, as changed w	f its registere vill be identic	ed office and thal.	e street addre	ess of the b	usiness offi	ce of its re	gistered
Such change was at authorized by the bo	ithorized by r	esolution duly orporation has	adopted by it been notified	s board of in writing	directors or of the chan	by an offige.	cer so
(Signature of an officer, chair	man or vice chairm	nesituf- an of the board)	HINDY PO	Printed or type	W. PABISEA ood name and title	2)	
I hereby accept the I further agree to co performance of my registered agent. O office address, I here	omply with the duties, and I	e provisions of am familiar wi	' all statutes r th and accept filed merely t ation has bee	elative to t t the obliga o reflect a n notified	he proper a ition of my p change in ti in writing o	ind comple. position as	ı
X Signatu	re of Registered Age	ent)	X Q-	<u> ۲۵-۲</u>	Date)		
If signing on behalf of a	n entity:						
(Typed	or Printed Name)	······································			`anacity)		<del></del>

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