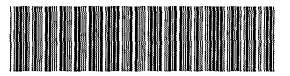
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(Re	equestors Name)	
(Ad	(dress)	
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PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Name	e)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special instructions to	Filing Officer:	

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RAIROCHANGE (10/12/20/02



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02 DEC || PH 4: 00 SECRETARY OF STATE

TRANSMITTAL LETTER

TO: Amendment Section Division of Corporations
SUBJECT: Le Rp, Fnc (Name of corporation) DOCUMENT NUMBER: POSO 0 33 (45)
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:
Astonso C. Lima (Name of person)
(Name of firm/company)
1. 5. E. 3rd Ar. Sorte 1450 (Address)
Microsi FL. 33145 (City/state and zip code)
For further information concerning this matter, please call:
Name of person) at (305) 3744770 (Name of person) (Area code & daytime telephone number)
Enclosed is a \$35.00 check made payable to the Department of State.

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Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Amendment Section
Division of Corporations
409 E. Gaines Street
Tallahassee, FL 32399

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
Floring in order to change its registered office or registered agent, or both, in the State
of Florida.
1. The name of the corporation: Le Rep. Inc 2. The principal office address: 1st. 5.E. 8rd Ave Surte 950
2. The principal office address: 1 st. S.E. 8" Ave Suite 950
Miami, FL. 33131
3. The mailing address (if different):
4. Date of incorporation/qualification: 4/58/95 Document number: P9500033
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:
Lima, Carlos
15.E. 2rd Ave. Ste 950
Miami, Fl. 33/31
6. The name and street address of the new registered agent (if changed) and /or registered office (if
changed): Antonio C. Lima
1 S.E Brd Ave Ste 1460 (P.O. Box or personal mailbox NOT acceptable)
Miani, FL. 33131
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, chairman or vice chairman of the board) (Signature of an officer, chairman or vice chairman of the board) (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, thereby confirm that the corporation has been notified in writing of this change.
12.06.02
If coming on babalf both ancies
To signing on behalt powals entity.
(Typed or Printed Name) (Capacity)
* * * FILING FEE: \$35.00 * * * SER = -
MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE AND MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314