## P95000091028

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## **COVER LETTER**

TO: Amendment Section Division of Corporations			
SUBJECT: FENTAGON INC  Name of Corporation			
DOCUMENT NUMBER: 1950000 97028			
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:			
Alexanser Caroso Name of Contact Person			
Name of Contact Person    PENTAGON   NC  (OLD) C/O Firm/Company,  VERDEJA: DE ARMAS  255 ALHAMBRA CIRCLE STE 560			
CORAL GRABLES, FL 33/34 City/State and Zip Code			
E-mail address: (to be used for future annual report notification)			
For further information concerning this matter, please call:			
Name of Contact Person at (404) 615 3986  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  Street Address:  Amendment Section  Division of Corporations			

Clifton Building

Tallahassee, FL 32301

2661 Executive Center Circle

P.O. Box 6327

Tallahassee, FL 32314

## 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 Statute statement of change is submitted for a corporation organized under the laws of the State of $\underline{\mathcal{FC}}$			
in order to change its registered office or registered agent, or both, in the State of Florida	a.		
1. The name of the corporation: FENTAGON, INC  2. The principal office address: C/O VERDEJA & DE ARMAS  255 ALHAMBAA CIRCLE STE 560 COARE GABLE)			
2. The principal office address: C/O VERDEJA & DE ARMAS			
255 ALHAMBRA CIPCLE STE 560 COURT GABLE)	Fc. 33139		
3. The mailing address (if different):			
4. Date of incorporation/qualification: 12/18/1995 Document number: P95000	097028		
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)			
THOMPSON, BONNIE J			
14454 SW 139 CT MIAMI FL. 33136 (RESIGNED)			
MIAMI FL. 33136 (RESIGNED)			
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):			
AUER FRANK			
AUER FRANK 7820 SW 133 TERR MAMI, FL 33 P.O. Box NOT acceptable	156		
The street address of its registered office and the street address of the business office of its registered as changed will be identical.	stered agent,		
Such change was authorized by resolution duly adopted by its board of directors or by an office authorized by the board, or the corporation has been notified in writing of the change.	r so		
Signature of an officer or director  Printed or typed name and title	Pagioeni		
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 reagent. Or, if this document is being filed merely to reflect a change in the registered office add hereby confirm that the corporation has been notified in writing of this change.	egistered '		
Frank Clue 11-9-2013	NOV		
Signature of Registered Agent Date	TARKE TO SEE		
If signing on behalf of an entity:	RP OR ST		
Typed or Printed Name	2.5		
* * * FILING FEE: \$35.00 * * *			