P9600018750

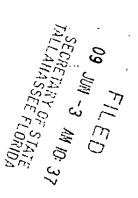
(Requestor's Name)							
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,							
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(Only/Oldie/2/p/) Hone illy							
PICK-UP WAIT MAIL							
(Business Entity Name)							
(Document Number)							
Certified Copies Certificates of Status							
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Special Instructions to Filing Officer:							
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Office Use Only



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06/03/09--01025--007 **35.00



8/2/

COVER LETTER

TO: Amendment Section Division of Corporations									
SUBJ	ЕСТ:	FALCONTRUST GROUP Name of Corp	INC.						
DOC	UMENT NU	MBER: <u>P96 0000 18750</u>							
The er	nclosed Stater	ment of Change of Registered Office/A	gent and fee are submitted for filing.						
Please	return all con	respondence concerning this matter to	the following:						
	_	ADALBERTO L.							
	-	Name of Contact	et Person						
		FALCONTRUST 6	ROUP INE.						
		Firm/Comp	pany						
		13350 sw 131 s	TREET, WIT 101						
		Address							
		MIAMI FL 33 City/State and 2	186						
	•	City/State and Z	ip Code						
	_	asotero e falcontro E-mail address: (to be used for futu	re annual report notification)						
For fu	ther informat	tion concerning this matter, please call							
		RTO L. SOTERO	Area Code & Daytime Telephone Number						
	Nam	e of Contact Person	Area Code & Daytime Telephone Number						
Enclos	ed is a \$35.00) check made payable to the Departme	nt 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						

CR2E045 (8/05)

O.

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

Pursuant to the provisions of sections statement of change is submitted for a	corporation	n organiz	ed under the	laws of the	e State d	of FLC	RIDA	_
in order to change its registe	••	Ū	Ŭ		s State C	y rioriae	<i>a.</i>	
1. The name of the corporation:	FALCONT	KUST	GROUP	INE.				
2. The principal office address:	13350	sω	131	STREET		INIT	101	
	MIAMI	FL	33/86					
3. The mailing address (if different):_	SAME	A5	ABOVE					
4. Date of incorporation/qualification:	2/29/	1996	Docume	ent number:	Pa	0000	18750)
5. The name and street address of the Florida Department of State: (If res				tered office	on file	with the		
ADA	LBERTO	L. 507	ERO					
	50 54	.1 /2	9 ST					
	AMI	FL	33186				SE! TALL	<u> </u>
6. The name and street address of the (if changed):	_	_		and /or reg	gistered	office	ORETARY O	
A	DALBERT	70 L. s	OTERO				or S	
	13350	sω		KEET, U	NIT	<u>101</u>	, j	\mathcal{L}
		. Box NOT	•			21	37	
	MIAMI	FL	33/86					
The street address of its registered o as changed will be identical.	ffice and the	e street a	ddress of the	e business	office o	of its reg	istered ag	ent,
Such change was authorized by reso authorized by the board, or the corpo	lution duly oration has l	adopted been not	by its board fied in writi	of directoring of the c	rs or by hange.	an offic	er so	
7-100		_	ADALB		OTER		ESIDEN	<u>'_</u>
Signature of an officer or director I hereby accept the appointment as r I further agree to comply with the pr of my duties, and I am familiar with document is being filed merely to re corporation has been notified in wri	registered a rovisions of and accept flect a chan ting of this	gent and all statu the oblig ge in the change.	agree to actes relative igation of my registered o	to the prop position a office addr	pacity. er and s regist ess, I he		e perform ent. Or, ij nfirm thai	ance fthis tthe
Signature of Bookstoned Assets		_		6/1	109			
Signature of Registered Agent If signing on behalf of an entity: Acla / besto L. So / erc Typed or Printed Name	· .	_		D	alt			

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