Florida Department of State

Division of Corporations Public Access System Katherine Harris, Secretary of State

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To:

Division of Corporations

Fax Number

: (850)205-0380

From:

Account Name : R & R ACCOUNTING & TAX SERVICES, INC.

Account Number : 071324000655 Phone : (305)541-0790 Fax Number : (305)541-4015 2001 OCT -5 PM 5: 00

SECRETARY OF STATE DIVISION OF CORPORATIONS

RECEIVED 01 OCT -5 PM 2:59 11 OCT -5 PM 2:59

REGISTERED AGENT CHANGE

OXIFAX, INC.

Certificate of Status	1
Certified Copy	0
Page Count	63
Estimated Charge	\$43.75

PA Change

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 FLORIDA
submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.
1. The name of the corporation: OXIFAX, INC.
2. The mailing address of the corporation: 1149 S.W. 27th AUE. # 303 MIAMI FL 33/35
3. Date of incorporation/qualification: APRIC 12, 1996 Document number: P960000 32249
4. The name and address of the current registered agent and office:
ORLANDO AVELLANEDA
1149 S.W. 27th AUE. SUITE 303
MIAMI FL 33135
5. The name and address of the new registered agent (if changed) and/or registered office (if changed): (P. O. Box Not Acceptable) TERESA AVELLANEDA (149 S.W. 27th AVE # 303
TERESA AVELLANEDA
1149 S.W. 27th AVE # 303
. 41A41, FC 33 135
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. 1/28/01
(Signature of an officer, chairman or vice chairman of the board) (Date)
TERESA AVELLANGOA PRESIDENT (Printed or typed name and title)
Having been named as registered agent and to accept service of process for the above stated corporation, 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 ogens.) (Signature of Registered Agent) (Date)
If signing on behalf of an entity:
(Typed or Printed Name) (Capacity)
* * * FILING FEE: \$35.00 * * *

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