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**Alonso &
Garcia**

Certified Public Accountants

Alonso & Garcia, P.A.
Certified Public Accountants
5805 Blue Lagoon Drive, Suite 200
Miami, Florida 33126

☐ PICK-UP

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☐ MAIL

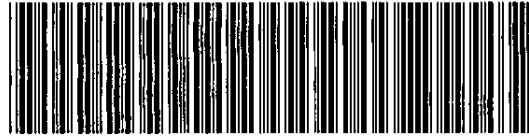
(Business Entity Name)

(Document Number)

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09/07/10--01040--031 **635.00

R.A. Reinstatement

09/14/10

RLH

RH

2010

**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 FLORIDA in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: ALJAKE, INC.
2. The principal office address: 4400 SOUTH WEST 15TH STREET
MIAMI FL 33134 US
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 11/06/1996 Document number: P96000091895
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)

RESIGNED

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

AG CORPORATE SERVICES LLC

5805 BLUE LAGOON DR STE 200

P.O. Box NOT acceptable

MIAMI, FL 33126

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 or director

OMAR G AGUILERA-PRESIDENTE

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, I hereby confirm that the corporation has been notified in writing of this change.

x [Signature]
Signature of Registered Agent

07/02/2010

Date

If signing on behalf of an entity:

OMAR G AGUILERA

Typed or Printed Name

REINSTATEMENT

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

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR2E045 (8/05)

RH