P970000 46/85

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	#)
PICK-UP	MAIT	MAIL
(Bu	siness Entity Nam	е)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
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COVER LETTER

Enclosed is a \$35.00 check made payable to the Department 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

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: UNUVELLE TIFLE SECVICES. FnC.
2. The principal office address: 11440 U. Vendall Drive, Suite 201 Miami, Fl. 33174
3. The mailing address (if different): Same as above
4. Date of incorporation/qualification: 5123/199 Document number: P970000 46185
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:
Yolanda Garcia-Montes 14224 S. W. 111 th Land Miami, Fl. 33186
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed): Lolanda Garcia - Montes 10691 N. Kendan Drive, Suite 308 (P.O. Box NOT acceptable) Miami, F1. 33176
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 branch or the corporation has been notified in writing of the change.
(Signature of an officer or director) I hereby accept the appointment as registered agent and agree to act in this capacity. Hurther agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties and I am familian with and accept the obligation of my position as registered agent. Or, if this document is being fried my elect a change in the registered office address, I hereby confirm that the corporation has been narried in verting of his change. (Signature of Registered Agent) (Date)
If signing on behalf of an entity: White Course Minutes (Typed or Printed Name)

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