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B.A.

TB

JUN 17 2010

COVER LETTER .

TO: Amendment Section Division of Corporations
SUBJECT: NEURONLINE, INC Name of Corporation
DOCUMENT NUMBER: P97 0000 58928
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:
Name of Contact Person
WEURONLINE, INC Firm/Company
ZIISO BISCAYNE BLVD #201
: :
MIAMI, FL 33180 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
TEA GELBLYM at (305) 495. 9099 Name of Contact Person Area Code & Daytime Telephone Number
Name of Contact Person Area Code & Daytime Telephone Number
Enclosed is a \$35.00 check made payable to the Department of State.
Mailing Address: Street Address:
Amendment Section Amendment Section
Division of Corporations Division of Corporations
P.O. Box 6327 Clifton Building

Tallahassee, FL 32314

2661 Executive Center Circle Tallahassee, FL 32301

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

statement of chan	rovisions of sections 607.0 ge is submitted for a corp to change its registered o	oration organize	d under the law:	s of the State of_	FLORIS	<u>)</u> A
1. The name of th	ne corporation:	UNONLIA	E, INC	_		
2. The principal of	office address: 2/10		-, /	BLVD	#201	
		14-71 , F	-6 55	\8Q [;]		
3. The mailing ad	ldress (if different):	SAMO		1	· · · · · · · · · · · · · · · · · · ·	
4. Date of incorpo	oration/qualification:	ULY 3, 199	7 Document nu	ımber: 1792	200058	928
5. The name and	street address of the curre ment of State: (If resigned	nt registered ager l, enter resigned)	nt and registered	office on file wi	th the	
- , -	21150 MIAN	BISCAY	3318		TALLI SECI	
6. The name and (if changed):	Street address of the new to SEFF 21150 1114	GELBO BISCO PO Box NOT ac	UM.	BLVD. #	WILL PH 1: 35 AMASSEE, FLARIDA	LED
The street address as changed will be	ss of its registered office be identical.	and the street ad	dress of the bus	iness office of i	ts registered age	nt,
Such change was authorized by the	s authorized by resolution e board, or the corporation	n duly adopted b on has been notif	y its board of d ied in writing o	irectors or by ar f the change.	officer so	
I hereby accept to I further agree to of my duties, and document is being	to an officer of director the appointment as regist to comply with the provisi I I am familiar with and a ng filed merely to reflect to	ons of all statute accept the obliga a change in the r	Printe agree to act in t	d or typed name and this capacity, proper and contion as registere address, I here	ille 7	– nce this the
corporation has	been notified in writing of	of this change.		VE-10,		<u>.</u>
If signing on beh	,			,		
Tyl	ped or Printed Name					

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

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