

PA7000060136

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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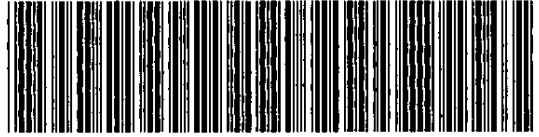
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

*PAEN 5/13/10*

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** C.I.C. Finance Services Corp.  
Name of Corporation

**DOCUMENT NUMBER:** P97000060136

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:

Javier Jacomino  
Name of Contact Person

C.I.C. Finance Services Corp.  
Firm/Company

6950 NW 77 court  
Address

Miami FL 33166  
City/State and Zip Code

javierj@celectricusa.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Javier Jacomino at (305) 477-3322  
Name of Contact Person Area Code & Daytime Telephone Number

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: C.I.C. Finance Services Corp.
2. The principal office address: 6950 NW 77 Court, Miami, FL 33166
3. The mailing address (if different):

4. Date of incorporation/qualification: 7-9-97 Document number: P97000060136

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)

Giraldo Leyva Jr
6950 NW 77 CT
Miami, FL 33166

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

Charles S. Sacher, Esq.
2655 Lejeune Rd, Suite 110
Coral Gables, FL 33134
P.O. Box NOT acceptable

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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.

X [Signature]
Signature of an officer or director

Giraldo Leyva (MGR)
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.

[Signature]
Signature of Registered Agent

4/12/2010
Date

If signing on behalf of an entity:
Typed or Printed Name

\*\*\* 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)