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To:

Division of Corporations

Fax Number

: (850)617-6380

From:

Account Name

: PERLMAN, BAJANDAS

Account Number: I20040000167

Phone Fax Number : (305)377-0809 : (305)377-0781

**Enter the email address for this business entity to be used for Euture annual report mailings. Enter only one email address please. 💆

REGISTERED AGENT CHANGE CHAMUS, INC.

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5/18/2011

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

	ne provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this hange is submitted for a corporation organized under the laws of the State of Florida		
	der to change its registered office or registered agent, or both, in the State of Florida.		
1. The name of	of the corporation: CHAMUS, INC.	****	
2. The principal	al office address: 1910 N.W. 97th Aveпue, Miami, Florida 33172		
·			
3. The mailing a	g address (if different): 1910 N.W. 97th Avenue, Miami, Florida 33172		
4. Date of incorp	prporation/qualification: 09/25/1997 Document number: P97000083	3049	
	nd street address of the current registered agent and registered office on file with the artment of State: (If resigned, enter resigned)		
	Mendive & Associates, P.A.	=	
	250 Catalonia Avenue, Suite 705	MAY	Promise Parameter
	Coral Gables, Florida 33134	8	ligitati.
6. The name and (if changed):	nd street address of the new registered agent (if changed) and /or registered office	MM 10: 33	
	PBYA Corporate Services, LLC	33	
	200 South Andrews Avenue, Suite 600		
	P.O. Box NOT acceptable Fort Lauderdale, FL 33301		
The street addre	ress of its registered office and the street address of the business office of its registered ll be identical.	agent,	
_	was anotherized by resolution duly adopted by its board of directors or by an officer so the board, or the corporation has been notified in writing of the change.	-	
	Branch Briand Science & Serve &	,	
MOCMINEUM IS DEM	of the appointment as registered agent and agree to act in this capacity. It to comply with the provisions of all statutes relative to the proper and complete performed to the proper and complete performed to the familiar with and accept the obligation of my position as registered agent. Or sing filed merely to reflect a change in the registered office address, I hereby confirm the second patified in writing of this change.	mance if this act the	
	May 17, 0011		
•	enalf of an entity:		
	ardo Bajandas, Esq. Typed or Printed Name		
iy	* * * 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)