## P98000031109

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SECRETARY OF STATE
ALLAHASSEE, FLORID

and and also

## **COVER LETTER**

TO: Amendment Section Division of Corporations		
SUBJECT: COMMERCENT CAPITAL ST CURP.  Name of Corporation  # 65 - 0445779		
DOCUMENT NUMBER: # 63 - 0 0 7 7 1		
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:		
ARTURO ATZASCAL		
Name of Contact Person		
Commercial CAPTERIST Corp		
Firm/Company		
5820 BiRD ROAD		
MIAWN FL 33155.		
City/State and Zip Code		
AATSASCAL @ BMS CORP, NET		
E-mail address: (to be used for future annual report notification)		
For further information concerning this matter, please call:  ATSASCAL at (305) 445-9003  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:
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, the	~ ~	
statement of change is submitted for a corporation organized under the laws of the State of in order to change its registered office or registered agent, or both, in the State of Florida.		
- <del></del>	a. Does L	
1. The name of the corporation: Cummence Commence Commenc	(2) 0107	
2. The principal office address: 5820 BIRD WAD		
Miami FL 33155.		
3. The mailing address (if different):		
4. Date of incorporation/qualification: 43 1998 Document number: #45-08	45779	
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)	n ·	
ARTURO ATSASCAL		
1511 CANTORIA AVE	ۣ ٷ <u>ڔ</u> ؞ڠ	
Cheal GAISIES FI 33146 PE	-6 - E	
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):	3× 0  •-	
APITURO ABASCAL Smi	<del></del>	
5820 BIRD ROAD		
MIAM FloverDA 33155		
The street address of its registered office and the street address of the business office of its registered as changed will be identical.	ed agent,	
Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board of the corporation has been notified in writing of the change.		
ARURO ATZASCA	1_	
Signature of an officer or director 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 per of my duties, and I am familiar with and accept the obligation of my position as registered agent. Cocument is being filed merely to reflect a change in the registered office address, I hereby confirm corporation has been notified in writing of this change.	formance Or, if this 1 that the	
Arturo Abascal 5/29/09 Signature of Registered Agent 5/29/09		
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)