DOCUMENT# P9800089801 1. Entity Name VICKCLE COMPANY							May 01, 2001 08:00 AM Secretary of State				
Principal Plac	e of Busines		Mailing Address 3162 COMMODORE PLAZA, #3.	A	<u> </u>						
MIAMI FL 33133			MIAMI FL 33133								
2. Principal P	Tace of Busin		3. Mailing Address 3162 COMMODORE PLAZA, #3A								
Suite, Apt.	#, etc.		Suite, Apt. #, etc.	""			DO NOT WRI	TE IN THIS SF	'ACE	–	
City & State MIAMI FL			City & State MIAMI FL			4.	FEI Number			pplied For	1
Zip 33133		Country us	Zip 33133	Cour	ntry	5.	5. Certificate of Status Desired \$8.75 Addition Fee Required		itional		
	6. Name	and Address of Current F	Registered Agent		1	7.	Name and Address of New F			<u> </u>	-
KLEIN	THEOD	ORE JESQ.			Name			<u> </u>		· ·	1
88 N.E. 168 STREET					Street A	ddress (P.O. E	Box Number is Not Acceptable	э)		<u> </u>	-
NORTH MI 33162	AMI BEACH	I FI	L								
· · · · · · · · · · · · · · · · · ·					City			FL	Zip Code	e	
8. The above	named entit	ty submits_this statement for	the purpose of changing its	register	ed office or	registered ag	gent, or both, in the State of Fi	orida.	-		1
SIGNATURE .								- 05/01/2	2001		
	Signature, typed	or printed name of registered agent a	nd title if applicable. (NOTE	: Registere	d Agent signati	ure required when n	einstaling)	DATE			
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) See Check Payable to					will be \$	550.00	10. Election Campaign Fit Trust Fund Contribution			0 May Be to Fees	
11.		OFFICERS AND I	300	12.			DDITIONS/CHANGES TO OFF	FICERS AND D	DIRECTORS	S IN 11	┨
TITLE NAME	S PERDIGA	AO MARCIO C	☐ Delete	TITL		S PERDIGAC			X Change	Addition	1/00)
STREET ADDRESS CITY-ST-ZIP	3162 CON MIAMI	MMODORE PLAZA, #3A	FL 33133		EET ADDRESS '- ST-ZIP	3162 COMI MIAMI	MODORE PLAZA, #3A	FL 3	3133		2E034 (11/00)
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NAME	MEIRELI			NAM		MEIRELES	S CLETO CDPVT	,	<u>sa</u> onwigo	Acquiton	8
STREET ADDRESS CITY-ST-ZIP	3162 CON MIAMI	IMODORE PLAZA, #3A	FL 33133		EET ADDRESS		MODORE PLAZA, #3A	FT 2	2422		
TITLE	WIIAWII			-	'-ST-ZIP -	MIAMI			3133		4
NAME STREET ADDRESS CITY-ST-ZIP			□ Delete		ie Eet address				Change	☐ Addition	
	<u> </u>			_	'-ST-ZIP						
TITLE NAME			☐ Delete	TITL NAM					Change	Addition	
STREET ADDRESS					ET ADDRESS						
CITY-ST-ZIP				CITY	-ST-ZIP						
TITLE			☐ Delete	TITL			*''	1	Change	☐ Addition]
NAME STREET ADDRESS				NAM	ie Eet address						
CITY-ST-ZIP					-ST-ZIP						
TITLE			☐ Delete	TITL		<u> </u>	<u> </u>		Change	Addition	1
NAME				NAM					onange		
STREET ADDRESS				1	EET ADDRESS						
CITY-ST-ZIP					-ST-ZIP	<u></u>					
of the cor	poration or t	he receiver or trustee empo	itue and accurate and mat m	เบรเกทล	THE COSH O	ava ino coma	119.07(3)(i), Florida Statutes, legal effect as if made under ida Statutes; and that my nam	anthi that I am	an officer	or director	
SIGNAT	URE: _	MARCIO PERDIGAC SIGNATURE AND TYPED OR PE) NATED NAME OF SIGNING OFFICER (OR DIRECT	TOR	S	S 05/01/2001 Date	, Dec	time Phone #		
								Cay			1