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Survious Res 8357 W. Wami City/State/	Josephane St., Ste 12: Address 21 33/44 Zip Phone #	0000028316701 -04/07/9301013002 *****35.00 *****35.00 Office Use Only
CORPORATION	NAME(S) & DOCUMENT NUI	MBER(S), (if known):
Corp	poration Name) (L	Document #)
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3. <u>(Con</u>	poration Name) (I	Document #)
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☐ Walk in	Pick up time	Certified Copy
☐ Mail out	Will wait Photocopy	Certificate of Status
NEW FILINGS	AMENDMENTS.	
Profit	Amendment	
NonProfit	Resignation of R.A., Officer/Dir	rector
Limited Liability	Change of Registered Agent	
Domestication	Dissolution/Withdrawal	
Other	Merger	
OTHER FILINGS	REGISTRATION/ QUALIFICATION	
Annual Report	77777915 Taning S. T. See Mindigith Management and Law 2011 C. S	
Fictitious Name	Foreign Limited Partnership	
Name Reservation	Reinstatement	anaka
	Trademark	KH UY.
	Other	RA chq. VS APR 1 4 1999
		~ AFR 1 4 1999

Examiner's Initials

CR2E031(1/95)

AGENT OR BOTH FOR CORPORATIONS Check # 1062 Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, the undersigned corporation organized under the laws of the State of Florida submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida. 1. The name of the corporation is: 2. The mailing address of the corporation is: Suite#123. Miami 3. Date of incorporation/qualification: December 15,1998 Document number: P 9 4. The name and address of the current registered agent and office: 5. The name and address of the new registered agent and office: (P. O. Box Not Acceptable 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. (Signature of an officer, chairman or vice chairman of the bo (Printed or typed name and title) Having been named as registered agent and to accept service of process for the above stated corporation, 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. BARREILO If signing on behalf of an entity: (Capacity) (Typed or Printed Name)

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED

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

CR2E045(7/97)

DIVISION OF CORPORATIONS P.O. I

P.O. Box 6327

TALLAHASSEE, FL 32314