## P900017608

,						
(Requestor's Name)						
(Address)						
(Address)						
(City/State/Zip/Phone #)						
PICK-UP WAIT MAIL						
(Business Entity Name)						
(Document Number)						
Certified Copies Certificates of Status ( Section 2)						
Special Instructions to Filing Officer:						
•						

. Office Use Only



600157456436

Planse

...06/22/09--01038--005 \*\*35.00

TILEU
2009 JUN 22 PH 1: 15
SECRETARY OF STATE
SECRETARY OF STATE

100RT

## **COVER LETTER**

TO: Amendment Section Division of Corporations

SUBJECT: AD\	ANCED SERVICES IN	NTERNATIONAL IN	IC.
<u> </u>	Name of C	orporation	
DOCUMENT NUMB	er: P990	000017608	
The enclosed Statemen	t of Change of Registered Office	e/Agent and fee are submit	ted for filling.
Please return all corres	pondence concerning this matter	to the following:	
	Olga S Name of Cor		
	rame or Co	mact reison	
	MF Corporate Ser	vices international	
	Fun/Co	лирапу	
	999 Ponce de Leon B	oulevard - Suite 1135	
	Aŭú		
	Coral Gables.	Florida 33134	
	Coral Gables, City/State at	id Zip Code	
	osantini@he	alleouth net	
<u></u>	osantini@be nail address: (to be used for f	uture annual report notif	ication)
	•	•	,
For Continuing Committee	concerning this matter, please :	w.!!.	
	i bulletilling lilib lilibility premie	- <del> </del>	
C	olga Santini of Contact Penson	at (305)	856-6121
Transaction to	if Contact Person	Area Code & Dayih	me Telephone Number
ይሳ ይነ ነ ቁንና ሰለ .d	heck made payable to the Depar	tonant of State	
	and a very as a sea a page and a presentation.	badd teast to de to block ter	
	Mailing Address: Street Address: Amendment Section		
Mailing Address: Amendment Section Division of Corporations			
		Division of Co	
	P.O. Box 6327	Cliffon Duildir	1/7 <b>10</b>
	Tallahassee, FL 32314		e Center Circle
		Tullulurur, Pi	1, 22201

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

ji.

statement of cha	nge is submitted for a cor	poration organized	07.1508, or 617.1508, Flor I under the laws of the State	e of Florida		
in orde	r to change its registered	office or registered	l agent, or both, in the State	of Florida.		
1. The name of	the corporation: Advan	ced Services	International Inc			
2. The principal	office address: 16419 S	SW 54 CT MIRA	AMAR FL 33027			
3. The mailing a	address (if different): 164	19 SW 54 CT I	MIRAMAR FL 33027			
4. Date of incor	poration/qualification:	2/24/1999	Document number:	P99000017608		
	d street address of the curr rtment of State: (If resigne		t and registered office on fi	le with the		
	SPIEGEL & UTRE	RA, P.A.		. <u></u>		
	343 ALMERIA AVENUE					
	CORAL GABLES F	L 33134 US		ECRIT FL		
A ALMERIA AVENUE  CORAL GABLES FL 33134 US  6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):  MF Corporate Services International						
MF Corporate Services International						
999 Ponce de Leon Boulevard - Suite 1135 P.O. Box NOT acceptable						
Coral Gables, Florida 33134						
The street addr	•		dress of the business office	e of its registered agent,		
Such change w authorized by t	es authorized by resolutine board, or the corporat	on duly adopted by ion has been notifi	y its board of directors or led in writing of the chang	by an officer so c.		
× Signati	roja algernoja or director		Juan Sam Printed or typed hairi	aniego		
I further agree of my duties, <del>a</del> document is be	the monointment as regi	sions of all statute I accept the obliga t a change in the r	ogree to act in this capacit s relative to the proper an tion of my position as reg egistered office address, I	y d complete performance istered agent. Or, if this herehy confirm that the		
	granture of Registered Agent	as	June 02,	2009		
If signing on	half of an entity:					
7	Olga Santini Typed or Printed Name	<u></u>				

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