39900089828

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

Office Use Only



600096167686

04/12/07--01020--007 **35.00

07 MAR 12 PM 3: 04
SECRETAL STATE

00

CO QA A Addurge

COVER LETTER

TO: Amendment Section Division of Corporations

SUBJECT: BEACON FINANCIAC HORAGE BANKES CAP.

(Name of Corporation)

DOCUMENT NUMBER: P990000 89828

The englaced Statement of Change of Registered Office/A cent and fee are submitted for fil

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:

(Name of Contact Person)

BEARON FINANCIAL JONGAGE BANNERS CON.
(Firm/Company)

7910 DW 25 ST \$100 (Address)

DORAC (E. 33122 (City/State and Zip Code)

For further information concerning this matter, please call:

Name of Contact Person) at (305) 593 - 7867 (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

COVER LETTER

TO: Amendment Section Division of Corporations	
SUBJECT: BEACON FINANCIAC HORAGE BONKER	z Osl
DOCUMENT NUMBER: P99 0000 89828	
The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filin	g.
Please return all correspondence concerning this matter to the following:	
Name of Contact Person) BEAREON FINANCIAL JONGAGE BANKE (Firm/Company)	rs Corr
7910 DW 25 ST \$100 (Address)	
DORAC (E. 33122 (City/State and Zip Code)	
For further information concerning this matter, please call:	
Name of Contact Person) at (305) 593 - 7 (Name of Contact Person) (Area Code & Daytime Telepho	867
(Journal of the first transfer of the	

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

O7 MAR 12 PM 3:04 STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTTSEE. FLORIDA

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this 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.
1. The name of the corporation BEACON FINANCIAL HORTOGRE BANNERS COR
2. The principal office address: 7910 NW 25 57 \$100 DOTAC, FL. 33122.
3. The mailing address (if different):
4. Date of incorporation/qualification: 10/12/99 Document number: 7990000 89828
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:
JUAN Q. BLANCO
JUAN Q. BLANCO 8726 DW 26 St f24 PIAMI, F. 33172
AIAMI, F. 33172
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):
7910 NW 25 ST \$100 (P.O. Box NOT acceptable) Dorac, FL. 33122.
7910 NW 25 ST \$ 100
(P.O. Box NOT acceptable)
DOTAL, FC. 33/22
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 anthorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.
(Signature of an officer or director) Toan C. Bunco (Rusidum) (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 comple with the provisions of all statutes relative to the proper and complete performance of my duties, and I are familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.
(Signature of Registered Agent) 4/6/07 (Date)
If signing on behalf of an entity:
TVAN C. BLANCO (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 MAIL TO: DIVISION OF CORFORATIONS, 1.0. 201.