| TO: Amendment Section Division of Corporations |
|---|
| SUBJECT: CIOSSWay Corporation (Name of corporation) DOCUMENT NUMBER: P9900096109 |
| DOCUMENT NUMBER: 199000 1610 |
| 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: |
| Betty Slanco, ESqlire 4000077246342 (Name of person) 4000077246342 +****35.00 *****35.00 |
| Betty Blanco, P.A. |
| (Name of firm/company) |
| 1801 COVAL Way, SVITE 408 (Address) |
| Million Florida 33145 (City/state and zip/code) |
| For further information concerning this matter, please call: |

(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

. TO:

Street Address: Amendment Section Division of Corporations 409 E. Gaines Street Tallahassee, FL 32399

CR2E045(07/02)

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, |
|--|
| this statement of change is submitted for a corporation organized under the laws of the State of |
| Fluiro in order to change its registered office or registered agent, or both, in the State |
| of Florida. |
| 1. The name of the corporation: (1055way (01 paramon) |
| 2. The principal office address: 2650 NW 75 Avenue |
| Migmi, +101, da 30122 |
| 3. The mailing address (if different): |
| |
| 4. Date of incorporation/qualification: 1///99 Document number: P 9900 0096 109 |
| 5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: |
| Disnus DiThin OSON 喜顫 |
| 1690 9 Ilaster SI SILE IS 3 79 887 |
| 11 23131 TO 37 3 |
| - PI/MMI, T1. 35/3/ |
| 6. The name and street address of the new registered agent (if changed) and /or registered office (if |
| changed): Betty Rigoro Esquire |
| 1801 Earal 1.164 C. 162 1108 |
| (P.O. Box or personal mailbox NOT (ccaptable) |
| MIami, Florida 35145 |
| 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, or the corporation has been notified in writing of the change. |
| (Signature of an officer, chairman of vice chairman of the board) (Palmed of pysed 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 performance of my duties, and I am 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. |
| performance of my during with the provisions of an statutes relative to the proper and complete performance of my during and I am familiar and accept the obligation of my position as |
| office address, I hereby confirm that the corporation has been notified in writing of this change. |
| (Signature of Registered Agent) |
| If signing on behalf of an entity: |
| (Typed or Printed Name) (Capacity) |
| * * * FILING FEE: \$35.00 * * * |
| |

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE AND MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314