P99000104396 Requester's Name

	. 33/39 Office Use Only	•
PORATION NAME(S) & D	OCUMENT NUMBER(S), (if known):	Olys.
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(Corporation Name) Walk in Pick up time	(Document #) me Certified Copy	
Mail out Will wait	Photocopy	ıs
W FILINGS Profit Not for Profit Limited Liability Domestication	AMENDMENTS Amendment Resignation of R.A., Officer/Director Change of Registered Agent Dissolution/Withdrawal Merger	
Other	REGISTRATION/QUALIFICATION	

CR2E031(7/97)

Examiner's Initials

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, the undersigned corporation organized under the laws of the State of
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: HRLLYS ENTER PRISE INC.
2. The mailing address of the corporation: 1560 WASHINGTON AVE
HIAMI BEACH, FL. 33139
3. Date of incorporation/qualification: 11/29/1999 Document number: P9900010439
4. The name and address of the current registered agent and office:
AREILIS P. BAQUEDANO
7525 6. TREASURE DR.
M. Am. Boads, Fl. 33141
5. The name and address of the new registered agent (if changed) and/or registered office (if changed):
(P. O. Box Not Acceptable)
HELAL SIBAI
1560 WASHINGTON AUE
MIAMI BENCH, FL 38189
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.
01-19-01
(Signature of an officer, chairman or vice chairman of the board) (Date)
HREILYS P. BAQUEDAND . (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!
HELAL SIBAI
If signing on behalf of an entity: (Typed or Printed Name) ARELLYS P. BARukbino Presz Den I (Capacity)
* * * TOTAL TOTAL POST OF * * *

CR2E045(9/00)