## 597584

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





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OCT 1 8 2013 T. CARTER

## **COVER LETTER**

TO: Amendment Section Division of Corporations	
SUBJECT: BC Architects Name of Corpora	AIA, Inc.
DOCUMENT NUMBER: 5 97584.	
The enclosed Statement of Change of Registered Office/Age	nt and fee are submitted for filing.
Please return all correspondence concerning this matter to th	e following:
hour V. Per	re 2.
Name of Contact F	Person
	AIA, Inc.
4942 3. Le J Address	Seune Rd # 200
Coral Gables City/State and Zip	Florida 33,46 Code
E-mail address: (to be used for future	annual report notification)
For further information concerning this matter, please call:	
Name of Contact Person at (	305 ) 663-8182.
Name of Contact Person	Area Code & Daytime Telephone Number
Enclosed is a \$35.00 check made payable to the Department	of State.
Mailing Address:	Street Address:
Amendment Section	Amendment Section
Division of Corporations P.O. Box 6327	Division of Corporations Clifton Building
Tallahassee, FL 32314	2661 Executive Center Circle
1 (17)(11)(15)(17)	Tallahassee, FL 32301

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

Pursuant to the provisions of sections 60 statement of change is submitted for a community in order to change its registered	orporation o	rganized under the	e laws of the Si	rate of <u>Flo</u>	rida.	
1. The name of the corporation:		_		-		
2. The principal office address:						0
3. The mailing address (if different):						
4. Date of incorporation/qualification: _	12/19	P91 Docum	ent number: _	5975	84.	
5. The name and street address of the cur Florida Department of State: (If resign			stered office or	n file with the		
		S. Cohan.				
10212	Kensi	ngton 5	hore Dr	ive		
Orla	indo, A	Florida =	12837.		3	SE
6. The name and street address of the ne (if changed):					3 OCT 11	CRETARY
		A. Jime			PH 3:	THE S
	<u>) ک / لتم!</u> P.O. Box	W 62 Ter	race	<u></u>	: 12	TATE
$\underline{\hspace{1cm}}$	iami,	Florida 3	3173.	<del></del>		-
The street address of its registered office as changed will be identical.	e and the st	reet address of the	e business offi	ce of its regist	ered agen	t,
Such change was authorized by resolution authorized by the board, or the corporate	ion duly addition has bee	opted by its board in notified in writi	of directors or ng of the chan	by an officer ge.	so	
Signature of an officer dydirector	<u> </u>	La	Wrence Printed or typed nar	5. Coh	an.	
I hereby accept the appointment as reg. I further agree to comply with the proviper of the duties, and I am fan agent. Or, if this document is being file hereby confirm that the corporation has	isions of all uliar with a ed merely to	nt and agree to acc statutes relative t and accept the obli- reflect a change	t in this capac to the proper a igation of my p in the register	ity. ind complete position as ree	ristered	
_ (Aun			10-09	-2013.		
Signature of Registered Agent  If signing on behalf of an entity:			Date			
Vaness A. P. Jimen Typed or Printed Name	<i>g</i> 2 .					
		FEE: \$35.00 * *	* *			

Make checks payable to Florida Department of State Mail to: Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 CR2E045 (03/12)