V16726

questor's Name)					
dress)					
dress)					
y/State/Zip/Phone	> #)				
WAIT	MAIL				
siness Entity Nan	ne)				
(Document Number)					
Certificates	s of Status				
Filing Officer:					
	dress) dress) dress) dress) WAIT siness Entity Nar cument Number) Certificates				

Office Use Only



600185259686

10/04/10--01037--015 **35.00



Mochange Newis 10-7-10

COVER LETTER

TO: Amendmen Division of	t Section Corporations				
SUBJECT:		LDERS CORP.			
		•			
DOCUMENT NUI	MBER:	V16/26			
The enclosed Stater	nent of Change of Registered O	ffice/Agent and fee are submit	tted for filing.		
Please return all cor	respondence concerning this ma	atter to the following:			
	•	-			
	EUG	ENIO REY	•		
_	Name of	Contact Person			
UNITECH BUILDERS CORP					
	Firm	/Company			
		117 AVE BAY 23 Address			
	r	rudiess			
		. 5. 00477			
	MIAM City/Stat	I, FL 33177 e and Zip Code			
	•	1			
_	eugenio@unite	chbuilderscorp.com			
	E-mail address: (to be used for	or future annual report notif	ication)		
For further informat	ion concerning this matter, plea	se call:			
8	EUGENIO REY	at (305)	259-1980		
Nam	e of Contact Person	Area Code & Daytin	259-1980 me Telephone Number		
D 1 1' 0250					
Enclosed is a \$35.00	check made payable to the Dep	partment of State.			
		_			
	Mailing Address: Amendment Section	Street Address: Amendment Se	ection		
	Division of Corporations				
	P.O. Box 6327	Clifton Buildir			
•	Tallahassee, FL 32314		e Center Circle		
		Tallahassee, Fl	L 32301		

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

statement of cha	inge is submitted for a co	orporation organized	07.1508, or 617.1508, Flo I under the laws of the Stat I agent, or both, in the State	e of FLORIDA	
1. The name of t	the corporation: UNIT	ECH BUILDER	RS CORP		
2. The principal	office address: 16155	SW 117 AVE BA	AY 11		
	MIAMI	, FL 33177			
3. The mailing a	ddress (if different): 16	115 SW 117 AV	E BAY 23		
·	M	IAMI, FL 33177			
4. Date of incorp	ooration/qualification:	2/24/1992	Document number:	· V16726	
	I street address of the curtiment of State: (If resign		t and registered office on fi	le with the	
	GREGORY GOME	Z			
	18901 SW 106 AVE SUITE A-210				
	MIAMI, FL 33157				
6. The name and (if changed):	GREGORY GOME		f changed) and /or registere	ETASSE META	
	16155 SW 117 AV			— F.G. D 12:	
	MIAMI, FL 33177	P.O. Box NOT acc	eptable	Z. 56 Z. 56 Z. 56	
The street addre	ess of its registered office be identical.	ce and the street add	lress of the business office	e of its registered agent,	
Such change wa authorized by th	as authorized by resolut be board, or the corpora	ion duly adopted by tion has been notific	its board of directors or led in writing of the chang	by an officer so e.	
Signatur	e of an officer or dy ector) -	ANTHONY R	GOMEZ	
I hereby accept I further agree to of my duties, an document is bei	the appointment as rea	isions of all statutes d accept the obligat et a change in the re	gree to act in this capacity relative to the proper and ion of my position as regi egistered office address. T 9/29/20	y. d complete performance stered agent. Or, if this hereby confirm that the	
If signing on be	half of an entity:		12410		
	REGORY GOMEZ				
	anad or Printed Name	 			

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