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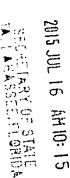


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C. CARROTHERS



COVER LETTER

TO: Amendment Section Division of Corporations		
SUBJECT: ALGHERO INVESTMENTS INC. Name of Corporation		
DOCUMENT NUMBER: $\sqrt{66493}$		
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:		
CARHEN DOZ DISCO Name of Contact Person		
ALGHED IDVESTHENTS, INC		
1385 COLAL WAY, SUITE 403		
HIANI, FL 33145 City/State and Zip Code		
E-mail address: (to be used for future annual report notification)		
For further information concerning this matter, please call:		
CARHEN DET DAGO at (305) 5033800 Name of Contact Person Area Code & Daytime Telephone Number		
Name of Contact Person Area Code & Daytime Telephone Number		
Enclosed is a \$35.00 check made payable to the Department of State.		
Mailing Address: Amendment Section Street Address: Amendment Section		

Division of Corporations

Tallahassee, FL 32314

P.O. Box 6327

Division of Corporations

Tallahassee, FL 32301

2661 Executive Center Circle

Clifton Building

CR2E045 (03/12)

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 Florida.
1. The name of the corporation: PLEHERD INVESTMENTS, INC
1. The name of the corporation: FLOHER INVESTMENTS, INC 2. The principal office address: 1385 GRAL WAY SUITE 403, HIAMI, FL. 33145
3. The mailing address (if different):
4. Date of incorporation/qualification: <u>DR 25 1992</u> Document number: <u>V66493</u>
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)
CARMEN DEL BAGO
SOTO N. BAY ROAD
SOJON, BAY ROAD MIANI BEACH, FC 33140
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):
CARMEN DEL DAGO 1385 CORAL WAY SVITE 403 P.O. Box NOT acceptable NIAHI, FL 33145
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 fresolution duly adopted by its board of directors or by an officer so authorized by the board of the corporation has been notified in writing of the change. CALHEN DET MEDICAL Signature of an officer or the corporation has been notified in writing of the change. 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 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 comporation has been notified in writing of this change. The signing on behalf of an entity: If signing on behalf of an entity:
CARHEN DEL DAGO Typed or Printed Name

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