103000147565

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(Address)
(Address)
(City/State/Zip/Phone #)
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SECRETARY OF STATE
AND AHASSEE, FLORIDA

COVER LETTER

Division of Corporations
SUBJECT: Eagle Support Corporation
DOCUMENT NUMBER: P03000147565
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:
Alfonso Senneider (Name of Contact Person)
Eagle Support Corporation (Firm/Company)
8113NW 33 Street
Doral, FL 33122 (City/State and Zip Code)
For further information concerning this matter, please call:
Clardia Durten at (305) 4189384 (Name of Contact Person) at (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

Street Address: Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

TO:

Amendment Section

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

statement of cha	nge is submitted for	18 607.0502, 617.0502 ca corporation organi: tered office or register	zed under the lav	vs of the State of	Florida	-ز
1. The name of t		Eaglo.	SUPPOA	Com	1	
	,	811320	33 51	00+		
2. The principal	omice address:	Doral	FL 33	122		
3. The mailing a	ddress (if different):	(same)			_
4. Date of incorp	oration/qualification	n: 12-8-03	Document r	number: PC	30001475	6
	street address of the timent of State:	e current registered ag Hector A 7855 NU	Schne.			
		Miany,	FL 3	3126	SEP 10 I	FILE
6. The name and (if changed):		e new registered agent HILTORY SITANO DOTAL (P.O Box NOT acceptable)	4 Schne		FLORIDA	
The street address changed will	ss of its registered of	office and the street a	ddress of the bu	siness office of it	- es registered agent,	
Such change wa authorized by th	~ A	olution duly adopted poration has been not	He	firectors or by an fine change.	hnerda	
I hereby accept to I further agree to of my duties, and document is held	the appointment as o comply with the p I fam familiar with o filed merely were	registered agent and provisions of all statud in and accept the oblig effect a change in the iting of this change.	narve to act in	thic canacity		
	nature of Registered Agen	11)		(Date)		
If signing on bel	nalf of an entity:					
(T)	ped or Printed Name)					

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