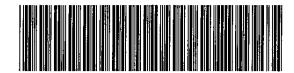
N06000008621

(Red	questor's Name)					
(Add	dress)					
(Ado	dress)					
(City/State/Zip/Phone #)						
PICK-UP	☐ WAIT	MAIL				
(Business Entity Name)						
(Document Number)						
Certified Copies	Certificates	s of Status				
Special Instructions to F	Filing Officer:					
	'					





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10/13/06--01020--021 **35.00

OG OCT 13 AMII: 48
SECRETARY OF STATE
ALLAHASSEE. FLORIDA

RAllrange 10/16/16 De

COVER LETTER

10.	Division of Corporations	
SUBJEC	CORAL GABLES WRESTLING B	OOSTER CLUB
	(Name of Co	orporation)
DOCUM	N06000008621	
The enci	osed Statement of Change of Registered Office	e/Agent and fee are submitted for filing.
Please re	turn all correspondence concerning this matter	to the following:
	EVELYN MOREJON	·
	(Name of Cor	ntact Person)
	(Firm/Co	mpany)
	•	• • • •
	20321 SW 127 COURT	
	(Addi	ress)
	MIAMI, FL 33177	
	(City/State an	d Zip Code)
For furth	er information concerning this matter, please c	all:
	EVELYN MOREJON	at (305) 925-2712 (Area Code & Daytime Telephone Number)
	(Name of Contact Person)	(Area Code & Daytime Telephone Number)
Enclosed	is a \$35.00 check made payable to the Depart	ment of State.
	Mailing Address: Amendment Section	Street Address: Amendment Section
	Division of Corporations	Division of Corporations
	P.O. Box 6327	Clifton Building
	Tallahassee, FL 32314	2661 Executive Center Circle
		Tallahassee, FL 32301

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

statement of cha	nge is submitted f	ions 607.0502, 617 For a corporation of Distered office or re	rganized under	the laws of the S	State ofI	LORID		-
1. The name of t	he corporation:	CORAL GABLE	ES WRESTLIN	G BOOSTER C	LUB, IN	۷.		
2. The principal		20321 SW 12						
FF		MIAMI, FL	33177					
3. The mailing a	ddress (if differen	.t):				<u> </u>		
4. Date of incorp	oration/qualificat	tion: 8/17/06	Doci	ıment number: _	N060000	08621		
	street address of tment of State:	the current register	red agent and re	gistered office o	n file with	the		
	EVELYN	MOREJON				7	_	
	20321 8	SW 127 COURT				SECRE	06 OC	i i
	MIAMI,	FL 33177				TAR IASS	- 3	- Annually
6. The name and (if changed):		the new registered			stered offic	Y OF STATEE, FLOR	AM 111: 4	
	ANA LAC	CAL FORS C/O	JORGE L FO	RS, P.A.		D D D	œ	
	1108 PC	ONCE DE LEON		·····				
	CORAL C	(P.O. Box NOT accordance) GABLES, FL	optable) 33134					
The street address changed will	ess of its registere be identical.	ed office and the s	treet address of	f the business of	ffice of its	register	ed age	ent,
Such change wanthorized by the	as authorized by the board, or the c	resolution duly ad corporation has bee	lopted by its bo en notified in v	ard of directors writing of the ch	or by an cange.	officer s	0	
	uno 8da	resort	EVELY	N MOREJON,				_
71 1	the appointment		ent and agree to	(Printed or types	anit.			
I further agree of my duties, ar document is be	to comply with th nd I am familiar v ing filed merely to	as registered age he provisions of al- with and accept th o reflect a change writing of this ch	i statutes relati e obligation of in the register	we to the proper my position as ed office addres	r and com registered ss, I hereby	plete per agent. confire	rforma Or, if n that	ince this the
	gnature of Registered A	Ligent) Tous		9/28/C	te)		.,.,,.,.,	_
If signing on be	chalf of an entity:							
	Typed or Printed Name)						

:2

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

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314 CR2E045 (8/05)