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## **COVER LETTER**

rickditas1@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Amendment Section

**Division of Corporations** 

TO:

Rick Ditas at (786) 290-8494

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
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

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

statement of ch	ange is submitted for a co	orporation organize	607.1508, or 617.1508, Flood ander the laws of the Sta and agent, or both, in the Sta	nte of Florida		
			orts Program Cov (			
			liami Lakes, Fl 33016			
3. The mailing	address (if different):					
4. Date of inco	rporation/qualification:	01/04/2011	Document number:	n110000000089		
5. The name ar Florida Depa	nd street address of the cur artment of State: (If resign	rrent registered age ned, enter resigned)	nt and registered office on	file with the ASC A		
	Anibal Villar (resigned)					
	16351 nw 84 court					
	Miami Lakes, Fl 33	3016		LORIL CORI		
6. The name ar (if changed):		w registered agent (	(if changed) and /or registe	red office		
	Alex Catoni					
	8751 nw 166 Terra					
	Miami Lakes, Fl 33	PO. Box NOT a	cceptable			
	ress of its registered office Il be identical.	ce and the street ac	Idress of the business office			
Such change value of authorized by	vas authorized by resolut the board, or the corpora	ion duly adopted b tion has been notif	by its board of directors or fied in writing of the chan	· by an officer so ge.		
Signat	ure of an officer or director		Rick Ditas Vic			
I furthër agree of my duties, a document is he	of the appointment as reg to comply with the prov and I am familiar with an eing filed merely to reflect as been notified in writin	isions of all statute d accept the oblige ct a change in the	agree to act in this capaci es relative to the proper a ation of my position as reg registered office address,	ty, nd complete performance gistered agent. Or, if this I hereby confirm that the		
			12/05/2	2011		
	gnature of Registered Agent		Date			
It signing on b	ehalf of an entity:					
	Rick Ditas Typed or Printed Name					

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