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(Requestor's Name)			
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(City/State/Zip/Phone #)			
PICK-UP WAIT MAIL			
(Business Entity Name)			
(======, ====,			
(Document Number)			
Certified Copies Certificates of Status			
Consist testmentions to Filling Officer			
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COVER LETTER

TO: Amendme	nt Section		
Division o	f Corporations		
SUBJECT:	JSCAR TORNES Er Name of Corp.	TELPLISES COLP.	
DOCUMENT-NU	мвек: Р04000/48	766	
The enclosed State	ment of Change of Registered Office/A	gent.and.fee.are submitted for filing.	
	rrespondence concerning this matter to		
riouse return an ee	respondence concerning and matter to	die following.	
	OSCAR R. To Name of Contac	n NES	
	· Name of Contac	t Person	
OSCARTONNES ENTERPRISES CORP.			
OSCARTONNES ENTERPRISES CORP. Firm/Company			
168 HOUGH DNIVE			
	Address		
City/State and Zip Code			
City/State and Zip Code			
Oscartorres 168@ Yahoo. com			
E-mail address: (to be used for future annual report notification)			
	E-man address. (to be used for fatal	to united report notification)	
For further information concerning this matter, please call:			
OSCAL	2 W. TORNES	11 305 219-1854	
	ne of Contact Person	Area Code & Daytime Telephone Number	
		•	
Enclosed is a \$35.0	0 check made payable to the Departmen	nt of State.	
		magnitude gardeness - see that the see the part of the see	
	Mailing Address:	Street Address:	
	Amendment Section	Amendment Section	
	Division of Corporations	Division of Corporations	
	P.O::Box:6327	Clifton Building	
	Tallahassee, FL 32314	2661 Executive Center Circle	
		Tallahassee, FL 32301	

CR2E045 (8/05)

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
1. The name of the corporation: OSCAR TORNES ENTER PRISES, CORP.
2. The principal office address: 168 HOUGH DRIVE
MIAMI SPRINGS, FL. 33/66
3. The mailing address (if different): P.O. BOX 66 15 74
MIAMI SPIINGS, FL 33 266
4. Date of incorporation/qualification: 10-30-2604 Document number: PO 4000 1489 64
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)
()SCARR. TORRES (RESIGNED)
168 HOUGH DR.
MIAMI SPRINGS, FL 33/66
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):
SCAP WI TORRES
168 HOUGH DRIVE
P.O. Box NOT acceptable MIAMI SPRINGS, FL 33/66
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 resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.
Signature of an officer or director.
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 corporation has been notified in withing of this change.
12-12-11
Signature of Registered Agent Date
If signing on behalf of an entity:
Oscar-W-Torres
Typed or Printed Name
***** ********************************
MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314 CR2E045 (8/05)