(Requestor's Name)  (Address)  (Address)	9001352354	
(City/State/Zip/Phone #)		
(Business Entity Name)  (Document Number)	09/08/0801007016	
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	Y OF SIATE SEE. FLORIDA	

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# **COVER LETTER**

Division of Corporations		
NAME OF CORPORATION: SUPERIOR	DAIRY CORPORATION	
DOCUMENT NUMBER: P07000101399		
The enclosed Articles of Amendment and fee	are submitted for filing.	
Please return all correspondence concerning th	nis matter to the following:	
Maria L. Baez Nueva Vida Accounting Corp. 6445 S.W. 130 Place #601 Miami, FL 33183		
For further information concerning this matter	, please call:	
Maria L. Baez at (305) 546-0862		
Enclosed is a check payable to Secretary of Sta	ate for the following amount:	
\$35 Filing Fee \$43.75 Filing Fee & Certificate of Status		\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy in enclosed)
Mailing Address		

**TO:** Amendment Section

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

# CERTIFICATE OF DESIGNATION OF SECONDARY OF S

PURSUANT TO THE PROVISIONS OF SECTION 607.0501, FLORIDA STATUTES THE UNDERSIGNED CORPORATION, ORGANIZED UNDER THE LAWS OF THE STATE OF FLORIDA SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

## 1) NAME OF THE CORPORATION

SUPERIOR DAIRY CORP.

## 2) THE NAME AND ADDRESS OF THE REGISTERED AGENT AND OFFICE.

ESMERALDA URBINA 6445 S.W. 130 PLACE #601 MIAMI, FL 33183

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this certificate, 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 relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my positions as registered agent.

Miami, September 3, 2008

Agent