

P09000070214

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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DIVISION OF CORPORATIONS

Rolch J
@ 11.7.13

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: DRAPPEGGI CORP
Name of Corporation

DOCUMENT NUMBER: _____

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:

GRACIELA GHIBAUDI

Name of Contact Person

DRAPPEGGI CORP

Firm/Company

13320 NE 17TH AVE

Address

NORTH MIAMI, FL 33181-1715

City/State and Zip Code

gmt@drappeggi.com

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

For further information concerning this matter, please call:

GASTON TARRUELLA

Name of Contact Person

at (**305**) **8998370**

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

October 22, 2013

GRACIELA GHIBAUDI
DRAPPEGGI CORP
13320 N3 17TH AVE
NORTH MIAMI, FL 33181-1715

SUBJECT: DRAPPEGGI CORP.
Ref. Number: P09000070214

We have received your document for DRAPPEGGI CORP., however, upon receipt of your document no check was enclosed. Please return your **document** along with a **check** or **money order** made payable to the Department of State for \$35.00.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Irene Albritton
Regulatory Specialist II

Letter Number: 313A00024650

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH 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 FLORIDA in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: DRAPPEGGI CORP.
2. The principal office address: 13320 NE 17TH AVE, NORTH MIAMI, FL 33181-1715
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 08/20/2009 Document number: P09000070214

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)

GRACIELA GHIBAUDI
340 SEVILLA AVE
CORAL GABLES, FL 33134

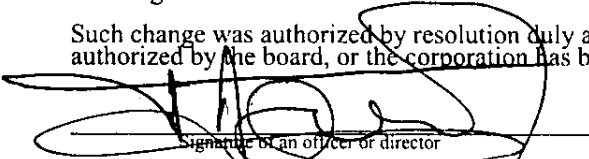
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

GRACIELA GHIBAUDI
13320 NE 17TH AVE
P.O. Box NOT acceptable
NORTH MIAMI, FL 33181-1715

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
13 NOV -4 PM 2:42

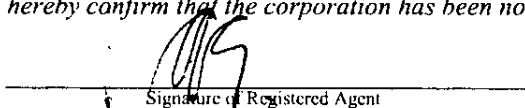
The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

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

GASTON TARRUELLA
Printed or typed name and title

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 writing of this change.


Signature of Registered Agent

10/15/2013
Date

If signing on behalf of an entity:

Typed or Printed Name

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

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314