

P990000008746

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

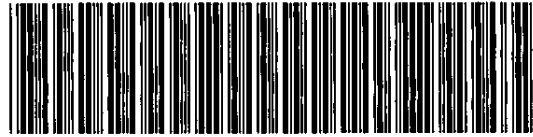
(Business Entity Name)

(Document Number)

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17 APR 26 AM 9:32  
STATE OF TENNESSEE  
SECRETARY OF REVENUE  
DIVISION OF CORPORATIONS

MAY 02 2017  
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**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Cherokee Enterprises, Inc.  
Name of Corporation

**DOCUMENT NUMBER:** P99000008746

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:

17 APR 26 AM 9:32  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

Christine E. Franklin  
Name of Contact Person

Cherokee Enterprises, Inc.  
Firm/Company

14474 Commerce Way  
Address

Miami Lakes, FL 33016  
City/State and Zip Code

mrm@cherokeecorp.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Christine Franklin at 305 828-3353  
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**

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: Cherokee Enterprises, Inc.
- 2. The principal office address: 14474 Commerce Way, Miami Lakes, FL 33016
- 3. The mailing address (if different): \_\_\_\_\_
- 4. Date of incorporation/qualification: 01/25/1999 Document number: P99000008746

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)

Christine Franklin  
1819 VICTORIA POINTE CIRCLE  
WESTON, FL 33332

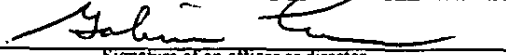
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

Christine Franklin  
14474 Commerce Way  
P.O. Box NOT acceptable  
Miami Lakes, FL 33016

17 APR 26 AM 9:32  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

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

Gabino Cuevas, CEO  
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

04/13/2017  
Date

If signing on behalf of an entity:  
Christine Franklin  
Typed or Printed Name

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