

Requestor's Name _____

Address _____

City/State/Zip _____ Phone # _____

Office Use Only

P960000027997

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1. _____ (Corporation Name) _____ (Document #)
2. _____ (Corporation Name) _____ (Document #)
3. _____ (Corporation Name) _____ (Document #)
4. _____ (Corporation Name) _____ (Document #)

97 NOV 12 AM 10:46
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

APPROVED
 AND
 FILED

- ☐ Walk in ☐ Pick up time _____ ☐ Certified Copy
- ☐ Mail out ☐ Will wait ☐ Photocopy ☐ Certificate of Status

NEW FILINGS	
☐	Profit
☐	NonProfit
☐	Limited Liability
☐	Domestication
☐	Other

AMENDMENTS	
☐	Amendment
☐	Resignation of R.A., Officer/ Director
☐	Change of Registered Agent
☐	Dissolution/Withdrawal
☐	Merger

000002330460--3
 -10/27/97--01124--005
 *****35.00 *****35.00

OTHER FILINGS	
☐	Annual Report
☐	Fictitious Name
☐	Name Reservation

REGISTRATION/ QUALIFICATION	
☐	Foreign
☐	Limited Partnership
☐	Reinstatement
☐	Trademark
☐	Other

Handwritten: P96000027997
 RACN
 386
 11-12-97

Examiner's Initials



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State

October 30, 1997

ZALDIVA CIGARZ, INC.
1508 SE 3RD AVENUE
FT. LAUDERDALE, FL 33316

SUBJECT: ZALDIVA CIGARZ, INC.
Ref. Number: P96000027997

We have received your document for ZALDIVA CIGARZ, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please entitle your document Articles of Amendment.

The document must contain written acceptance by the registered agent, (i.e. "I hereby am familiar with and accept the duties and responsibilities as registered agent for said corporation/limited liability company"); and the registered agent's signature.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 487-6916.

Carol Mustain
Corporate Specialist

Letter Number: 497A00052777

Florida Department of State, Sandra B. Mortham, Secretary of State

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

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, the undersigned corporation organized under the laws of the State of FLORIDA submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation is: ZALDIVA CIGARZ, INC.
2. The mailing address of the corporation is: 1400 North 29th Court
HOLLYWOOD, FLORIDA 33020
3. Date of incorporation/qualification: March 1996 Document number: P96006027999
4. The name and address of the current registered agent and office:
Esq. Ira Marcus / Atlas, Pearlman, Trop & Borkson,
200 East Las Olas Blvd., Suite 1900
Fort Lauderdale, Florida 33301
5. The name and address of the new registered agent and office: (P. O. Box Not Acceptable)
Miriam Mercado
1400 North 29th Court
Hollywood, Florida 33020

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TALLAHASSEE, FLORIDA

APPROVED
AND
FILED

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.

Miriam Mercado Pres.

(Signature of an officer, chairman or vice chairman of the board)

Oct. 23, 1997

(Date)

Miriam Mercado, President

(Printed or typed name and title)

Oct. 23, 1997

(Date)

Having been named as registered agent and to accept service of process for the above stated corporation, 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.

Miriam Mercado

(Signature of Registered Agent)

October 23, 1997

(Date)

If signing on behalf of an entity:

(Typed or Printed Name)

(Capacity)