## P09000044478

(Requestor's Name)						
(Address)						
(Address)						
(City/State/Zip/Phone #)						
PICK-UP WAIT MAIL						
(Business Entity Name)						
(Decument Number)						
(Document Number)						
Certified Copies Certificates of Status						
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07/16/09--01042--002 \*\*35.00

SECRETARY OF STATE TALLAHASSEE. FLORIDA

R.A.

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JUL 2 1 2009

## **COVER LETTER**

Division of C	Corporations					
SUBJECT:	Randita					
	Name of 6	Corporation				
DOCUMENT NUM	BER: POS	9000044478				
The enclosed Stateme	ent of Change of Registered Offic	ce/Agent and fee are subm	nitted for filing.			
Please return all corre	espondence concerning this matte	er to the following:				
	Gase	n Hajali ontact Person				
	Name of Co	mact reison				
	Rand	lita Inc.				
_	Firm/C	Company				
	438 Anessa Rose Loop Address					
	Au	iress				
	Ocoee	FI 34761				
_	City/State a	and Zip Code				
	casafregadere	o3@yahoo.es				
E	-mail address: (to be used for	future annual report not	ification)			
For further information	on concerning this matter, please	call:				
(	Gasen Hajali	at ( 321 )	2761853			
Name	of Contact Person	Area Code & Day	2761853 time Telephone Number			
Enclosed is a \$35.00	check made payable to the Depa	rtment of State.				
	Mailing Address: Amendment Section	Street Address Amendment S	<u>s:</u> Section			
	Division of Corporations	Division of C				
	P.O. Box 6327	Clifton Build				
	Tallahassee, FL 32314	2661 Executi Tallahassee, 1	ve Center Circle FL 32301			

TO: Amendment Section

## 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: Randit	a Inc.				
	•		KWY, Orlando FI 328	321		
3. The mailing a	address (if different): Sar	ne				
4. Date of incor	poration/qualification:	05/19/09	Document number:	P090	000044478	
	d street address of the curr rtment of State: (If resigne		at and registered office on t	file with th	e	
	Orsini, Fernando					
716 Shadowmoss Dr					2009 TAL SE	
	Winter Garden FI 3	4787 Resigned			2009 JUL SECRETI ALLAHA	7
6. The name and (if changed):	d street address of the new	registered agent (i	f changed) and /or register	red office	ARY OF STATES	[
	Gasen Hajali			<del></del>	9: C STAT LORN	
	438 Anessa Rose L			·	ALC A	)
	Ocoee Fl 34761.	P.O. Box NOT ac	ceptable			
The street addr	ess of its registered office	e and the street add	dress of the business offic	e of its re	gistered agen	t,
Such change wathorized by t	as authorized by resolution	on duly adopted by	y its board of directors or led in writing of the chan	by an offige.	icer so	
_ <	1 - 1	2	GASEN HAJ	Ali	(Direct	or)
I hereby accept I further agree of my duties, ar document is be	tre of an officer or diffector t the appointment as regis to comply with the provis nd I am familiar with and ing filed merely to reflect s been notified in writing	sions of all statute.   accept the obliga   a change in the r	Printed or typed nan agree to act in this capaci is relative to the proper a tion of my position as reg egistered office address,	tv.	te performan gent. Or, if th onfirm that th	ce nis ne
<u> </u>	~ ~ L	, 	07/14/2	2009	7	
<b>)</b>	gnature of Registered Agent		Date			•
	chalf of an entity:					
(JASEN	yped or Printed Name	<del></del>				

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