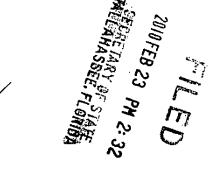
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(Requestor's Name)			
(Address)	8001687258		
(Address)	0001007200		
(City/State/Zip/Phone #)	·		
PICK-UP WAIT MAIL			
(Business Entity Name)	02/23/100102401		
(Document Number)			
Certified Copies Certificates of Status			
Special Instructions to Filing Officer:	n de la companya de l		
·	AHASS		
	E.F.S.		

Office Use Only



**35.00



COVER LETTER

TO:	Amendment Section Division of Corporations						
SUBJ	ECT:	Caffe Gourn	et, Inc.				
		Name of Co	orporation				
DOC	UMENT NUMBER:	P090	000054470				
The e	nclosed Statement of Chang	e of Registered Office	Agent and fee are subm	itted for filing.			
Please	e return all correspondence of	concerning this matter	to the following:				
		Anne M.	Capella				
Name of Contact Person							
Caffe Gourmet, Inc.							
		Firm/Co					
			, ,				
	2518 Poinciana Drive						
	Address						
		Weston, F	L 33327				
		City/State an	d Zip Code				
		ajcapella@	aol.com				
	E-mail addre	ess: (to be used for fi	iture annual report noti	fication)			
For fu	urther information concerning	ng this matter, please c	all:				
	Anne M. Car	pella	at (954)	817-8566			
	Name of Contact		Area Code & Dayt	817-8566 ime Telephone Number			
Enclo	sed is a \$35.00 check made	payable to the Depart	ment of State.				
	Division P.O. Bo	Address: nent Section of Corporations x 6327 see, FL 32314	Street Address Amendment S Division of C Clifton Build	ection orporations			
	i ananas	5500, I L J2J [T	Tallahassee, I				

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

statement of cha	nge is submitted for a co	poration organize	507.1508, or 617.1508, Flo d under the laws of the Stat d agent, or both, in the State	e of			
1. The name of the corporation: Caffe Gourmet, Inc							
2. The principal Weston, F	office address: 2518 Po L 33327						
3. The mailing a							
4. Date of incorp	coration/qualification:	6/24/2009	Document number:	P09000054470			
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)							
	The Company Corp	ooration					
	2711 Centerville Ro	oad		20			
	Wilmington, DE 19	808		OFEB TANA			
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):							
	Anne M. Capella			2: 32			
	2518 Poinciana Dri			——————————————————————————————————————			
	Weston, FL 33327	P.O. Box NOT ac	хсершоне				
The street address changed will			dress of the business offic	e of its registered agent,			
			y its board of directors or led in writing of the chang				
	of an officer or director	ell_	Anne M. Cape Printed or typed nam	ne and title			
I hereby accept I further agree of my duties, ar document is be corporation ha	the appointment as regito comply with the proving I am familiar with and ing filed merely to reflect seen notified in writing	stered agent and a sions of all statute d accept the obliga t a change in the r g of this change.	agree to act in this capacit is relative to the proper an ation of my position as reg egistered office address, I	y. Id complete performance istered agent. Or, if this hereby confirm that the			
Sig	mature of Registered Agent		Date	•			
If signing on be	ehalf of an entity:		·				
 7	vped or Printed Name						

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