664114

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	9 #)
		
☐ PICK-UP	☐ WAIT	MAIL
. (Bu	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
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COVER LETTER

Division of Corporations	
SUBJECT: Gavarrete Inc.	
(Name of Co	orporation)
DOCUMENT NUMBER: 664114	····
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:
Luis Gavarr	
(Name of Con	tact Person)
Gavarrete	
(Firm/Con	трану)
811 Ponce de Le	
(Addr	ess)
Coral Gables, FL 3	33134
(City/State and	d Zip Code)
For further information concerning this matter, please ca	all:
Luis Gavarrete	at (305) 443-9404 (Area Code & Daytime Telephone Number)
(Name of Contact Person)	(Area Code & Daytime Telephone Number)
Enclosed is a \$35.00 check made payable to the Department	ment of State.
Mailing Address: Amendment Section	Street Address: Amendment Section
Amendment Section Division of Corporations	Amendment Section Division of Corporations
P.O. Box 6327	Clifton Building
Tallahassee, FL 32314	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 Statement of change is submitted for a corporation organized under the laws of the State of in order to change its registered office or registered agent, or both, in the State of Florida State of Fl	Florida
1. The name of the corporation: Gavarrete Inc.	
2. The principal office address: 811 Ponce de Leon Blvd. Coral Gables, FL 33134	
3. The mailing address (if different): n/a	4
4. Date of incorporation/qualification:Jan. 30, 1980 Document number:664114	
5. The name and street address of the current registered agent and registered office on file with Florida Department of State:	the
Fernando Gavarrete	
4615 Granada Blvd.	2
Coral Gables, FL 33134	
6. The name and street address of the new registered agent (if changed) and /or registered offic (if changed):	07 JUL 23 MI
Luis Gavarrete	Ų.
824 Genoa St.	
(P.O. Box NOT acceptable)	
Coral Gables, FL 33134	
The street address of its registered office and the street address of the business office of its as changed will be identical.	registered agent,
Such change was authorized by resolution duly adopted by its board of directors or by an o authorized by the board or the corporation has been notified in writing of the change.	officer so
Signature of an officer or director) LUIS GAV MICLETE (Printed or typed name and titl	PLES.
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 comp of my duties, and I am familiar with and accept the obligation of my position as registered document is being filed merely to reflect a change in the registered office address, I hereby corporation has been notified in writing of this change.	olete performance agent. Or, if this confirm that the
Alle prairie 7-19-07	
(Date)	
If signing on behalf of an entity:	
LUIS GAVARRETE (Typed or Printed Name)	
(1ypea or Printea Name)	

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