

B06000000434

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

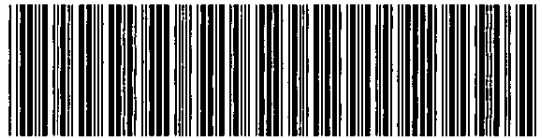
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STATE OF TEXAS  
FIDELITY & SURETY

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S. HAWKES

NOV 19 2008

EXAMINER

November 10, 2008

**VIA US REGULAR MAIL**

Florida Department of State  
Division of Corporation  
Corporate Filings  
P.O. Box 6327  
Tallahassee, FL 32314

Re: **Abuelo's International, L.P.**

Dear Sir or Madam:

On behalf of the above-referenced limited partnership, enclosed please find the following for filing with the Florida Secretary of State:

1. One original (1) and one (1) copy of Change of Registered Agent/Address form;
2. \$35.00 to cover the required filing fee.

Please file immediately the enclosed and return a file-stamped copy to the undersigned.

If you have any questions regarding this filing, feel free to contact the undersigned directly at (512) 480-9131.

Respectfully,

REGISTERED AGENT SOLUTIONS, INC.

A handwritten signature in cursive script, appearing to read 'Leana Guzman', is written over the printed name.

Leana Guzman

**LIMITED PARTNERSHIP OR LIMITED LIABILITY LIMITED PARTNERSHIP  
STATEMENT OF CHANGE OF REGISTERED OFFICE OR  
REGISTERED AGENT, OR BOTH**

Pursuant to the provisions of section 620.1115, Florida Statutes, the undersigned limited partnership or limited liability limited partnership submits the following statement in order to change its registered office or registered agent, or both, in the state of Florida.

1. ABUELO'S INTERNATIONAL, L.P.

Name of Limited Partnership or Limited Liability Limited Partnership

2. 12/05/2006

Date of filing/registration in Florida

3. B06000000434

Florida document number

4. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State:

C T CORPORATION SYSTEM

Name

1200 SOUTH PINE ISLAND ROAD

Address

PLANTATION, FL 33324

City, State and Zip

5. The name and Florida street address of the new registered agent and/or office:

REGISTERED AGENT SOLUTIONS, INC.

Name

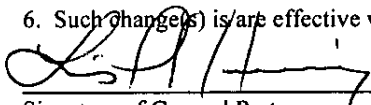
155 OFFICE PLAZA DR., SUITE A

Florida street address (P.O. Box not acceptable)

TALLAHASSEE FL 32301

City, State and Zip

6. Such change(s) is/are effective when filed by the Florida Department of State.

  
\_\_\_\_\_  
Signature of General Partner

*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 obligations of my position as registered agent.*

  
\_\_\_\_\_  
Signature of Registered Agent

*Assistant Secretary*

Filing Fee: \$35.00

Certified Copy (optional): \$52.50

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA