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To:

Division of Corporations

Fax Number

: (850)617-6380

From:

Account Name

: BUSINESS FILINGS

Account Number: 105256001620

: (608)827-5300

Fax Number

: (608)827-5501

## DISSOLUTION OR WITHDRAWAL CAFE ELEVEN INC.

Certificate of Status	0
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Help



https://efile.sunbiz.org/scripts/efilcovr.exe

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

Pursuant to the provisions of sections 607.0502, 617.0502 statement of change is submitted for a corporation organi	Dolozzono
in order to change its registered office or register	
1. The name of the corporation: CAFE ELEVEN 1	
2. The principal office address: 501 A1A Beach Bl	vd, St. Augustine, Florida 32080
3. The mailing address (if different): 21 Berm.  St. August	<u> </u>
4. Date of incorporation/qualification: 3/27/2002	
5. The name and street address of the current registered ag Florida Department of State: (If resigned, enter resigned	
RYAN R. DETTRA	T- (2)
21 BERMUDA RUN WAY  ST. AUGUSTINE FL 32080	
ST. AUGUSTINE FL 32080	
6. The name and street address of the new registered agen (if changed):	<u> </u>
Business Filings Incorporated	
1203 Governors Square Blvd, Su	nite 101, Tallahassee, Florida 32301-2960
P.O. Box NOT	acceptable
The street address of its registered office and the street as changed will be identical.	
Such change was authorized by resolution duly adopted authorized by the board, or the corporation has been not	by its board of directors or by an officer so bified in writing of the change.
Pub I Produc	Richard P. Dettra, President
Signature of an officer or director	Printed or typed name and title
I hereby accept the appointment as registered agent and I further agree to comply with the provisions of all statu of my duties, and I am familiar with and accept the oblideoument is being filed merely to reflect a change in the corporation has been notified in writing of this change.	t agree to act in this capacity. ites relative to the proper and complete performance gation of my position as registered agent. Or, if this registered office address, I hereby confirm that the
Natil	2nd day of November, 2011
Signature of Registered Agent	Date
If signing on behalf of an entity:	•
Mark Williams, AVP	• •
Typed or Printed Name	
* * * FILING FE	E: \$35.00 * * *

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR2E045 (8/05)

H110002704843