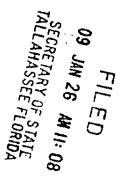
## F060005031

(Red	questor's Name)	
(Add	dress)	
(Add	dress)	
(City	y/State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL
(Bus	siness Entity Nam	ne)
(Doe	cument Number)	
Certified Copies	Certificates	of Status
Special Instructions to I	Filing Officer:	
	Office Use Onl	v



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01/26/09--01028--017 \*\*35.00





## **COVER LETTER**

TO: Amendment Section Division of Corporations		
SUBJECT: Winmar, Inc. DBA, Winmar Comme (Name of Corporation)	ercial, Inc.	
DOCUMENT NUMBER: F06000005031		
The enclosed Statement of Change of Registered Office/Agent	and fee are submitted for filing.	
Please return all correspondence concerning this matter to the fo	ollowing:	
Luis A Leon		
(Name of Contact Per	son)	
Minmar Cammara	ial las	
Winmar Commercial, Inc. (Firm/Company)		
6356 Manor Lane Suite #106		
(Address)		
Caudh Miami Flasi	J- 22442	
South Miami, Florida 33143(City/State and Zip Code)		
For further information concerning this matter, please call:		
Luis A Leon at ( (Name of Contact Person)	305 ) 662-4074 Area Code & Daytime Telephone Number)	
Enclosed is a \$35.00 check made payable to the Department of	State.	
Mailing Address: Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address: Amendment Section Division of Corporations Clifton Building 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 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: Winmar, Inc. / DBA, Winmar Commercial, Inc.
2. The principal office address: 6356 Manor Lane Suite #106 South Miami, Florida 33143
3. The mailing address (if different): Same
4. Date of incorporation/qualification: 7/31/06 Document number: F06000005031
<ol><li>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)</li></ol>
EDWIN C VILLEGAS
650 WEST AVE #2610
MIAMI BEACH, FLORIDA 33139
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):
LUIS A LEON
6356 Manor Lane Suite #106  (P.O Box NOT acceptable)
SOUTH MIAMI, FLORIDA 33143
The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.
Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.
(Signature of an officer or director)  Luis A. Lean (new ident)  (Printed or typed name and title)
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 obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.
1/23/09
(Signature of Registered Agent) (Date)
If signing on behalf of an entity:
(Typed or Printed Name)  * * * FILING FEE: \$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)