

F06000005911

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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MAIL

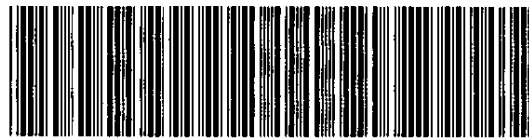
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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registered address change

06/14/10--01040--020 **35.00

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2010 JUN 14 PM 3:36
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

AR
6/16/10

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Cabrera Services 1 Inc.
Name of Corporation

DOCUMENT NUMBER: F06000005911

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:

Lorenzo Cabrera
Name of Contact Person

Cabrera Services 1 Inc.
Firm/Company

9008 SW 214 Street
Address

Miami, FL 33189
City/State and Zip Code

lcabrera@cabreraservices.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Lorenzo Cabrera at (305) 969-4980
Name of Contact Person 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 _____ in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: Cabrera Services 1 Inc.
2. The principal office address: 473 Silver Lane, East Hartford, CT 06118
3. The mailing address (if different): 9008 SW 214 Street, Miami, FL 33189
4. Date of incorporation/qualification: 9/13/2006 Document number: F06000005911
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)

LORENZO CABRERA

29290 SW 187 CT

MIAMI, FL 33030

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

LORENZO CABRERA

9008 SW 214 ST

P.O. Box NOT acceptable

MIAMI, FL 33189

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

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.


Signature of Registered Agent

6/11/10
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)

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