183893

(Requi	estor's Name)	
(Addre	:ss)	
(Addre	ess)	
(City/S	state/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Busin	ess Entity Na	me)
(Docur	ment Number)	,
Certified Copies	Certificate	s of Status
Special Instructions to Fili	ng Officer:	

Office Use Only



400103631884

06/06/07--01011--018 **35.00

FILEU DI JUN-6 PM 9: 37 SECRETARY OF STAIL



COVER LETTER

TO: Amendment Section Division of Corporations		
SUBJECT: Garper Distributors, Inc. (Name of Corporate	ion)	
DOCUMENT NUMBER K83893		
DOCUMENT NUMBER: K83893	. 10 1 10 5	
The enclosed Statement of Change of Registered Office/Agen	_	
Please return all correspondence concerning this matter to the	following:	
Maria Perez		
(Name of Contact Po	erson)	
Garper Distributors, Inc.		
(Firm/Company)		
5795 West Flagler Street		
(Address)		
Miami, FL 33144		
(City/State and Zip	Code)	
For further information concerning this matter, please call:		
Sergio R. Casiano, Esq. at (305 446-5228 (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 o	f 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

	provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this ange is submitted for a corporation organized under the laws of the State of Florida
=	er to change its registered office or registered agent, or both, in the State of Florida.
1. The name of	the corporation; Garper Distributors, Inc.
2. The principal	office address: 5795 West Flagler Street
3. The mailing a	address (if different):
4. Date of incor	poration/qualification: 04/27/1989 Document number: K83893
	d street address of the current registered agent and registered office on file with the rtment of State:
	Jose A. Perez
	Jose A. Perez 5795 West Flagler Street 5795 West Flagler Street
	Miami, FL 33144
6. The name and (if changed):	d street address of the new registered agent (if changed) and /or registered office
	Bertha M. Perez
	5795 West Flagler Street
	(P.O. Box NOT acceptable) Miami, FL 33144
The street addreas changed will	ess of its registered office and the street address of the business office of its registered agent, I be identical.
Such change w authorized by t	as authorized by resolution duly adopted by its board of directors or by an officer so the board, or the corporation has been notified in writing of the change.
(Signat	Bertha M. Perez, Vice President (Printed or typed name and title)
of my duties, ar document is be	t the appointment as registered agent and agree to act in this capacity. to comply with the provisions of all statutes relative to the proper and complete performance nd I am familiar with and accept the obligation of my position as registered agent. Or, if this ing filed merely to reflect a change in the registered office address, I hereby confirm that the is been notified in writing of this change.
	ignature of Registered Agent) 5/30/07 (Date)
N	ehalf of an entity:
. ((Typed or Printed Name)

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