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| Requester's Name | |
|---|--|
| - CABALPI ENTERPRISES, C - 1835 E. HALLANDALE BET | ACH BLVD. |
| # 347 — HALLANDALE BEARH, FL 3: | 3000075083791 -09/04/0201032010 *****25.00 *****25.00 |
| | Office Use Only |
| CORPORATION NAME(S) & DOCUM | IENT NUMBER(S), (if known): |
| 1. (Corporation Name) | (Document #) |
| 2. (Corporation Name) | (Document #) |
| 3. (Corporation Name) | (Document #) |
| 4. (Corporation Name) | O2 SEP (Document #) |
| Walk in Pick up time | |
| Mail out Will wait | ☐ Certified Copy ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ |
| NEW FILINGS | <u>AMENDMENTS</u> |
| Profit Not for Profit Limited Liability Name Domestication Availability Other | Amendment Resignation of R.A., Officer/Director Change of Registered Agent Dissolution/Withdrawal Merger |
| DocumentOTHER FILINGS Examiner | REGISTRATION/QUALIFICATION |
| Updater Updater Verifyer Annual Report Fictitious Name Updater Verifyer DCC Acknowledgement DCC | Foreign Limited Partnership Reinstatement Trademark Other |
| Acknowledgement DCC W. P. Verifyer DCC CR2E031(7/97) | Examiner's Initials |

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a page

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

| Pursuant to the provisions of sections 608.416 liability company submits the following stateme agent, or both, in the State of Florida. | or 608.508, Flor nt in order to cha | rida Statutes, the undersigned limited inge its registered office or registered |
|---|--|--|
| 1. The name of the limited liability company is: | CABALPI | ENTERPRISES, LLC |

2. The mailing address of the limited liability company is: 1835 E. HALLANDALE

BEACH BLVD, #367, HALLANDALE BEACH, FL 33009

1/31/2001

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4. Document number

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

MARY DE TSAEZ

Name

11725 ROYAL PALM BLVD, No. 204

Address

CORAL SPRINGS, FL 33065

City, State and Zip

6. The name and address of the new registered agent and/or office:

Name
Name

OOD THREE ISLANDS BLVD, No. 1106

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

HALLANDALG BEACH 33009

City, State and Zip

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

(Signature of a member or anthorized representative of a member)

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 as provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

(Signature of Registered Agent)

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

FILING FEE: \$25.00

INHS18(10/99)