N04000001848

(Re	equestor's Name)	
(Ac	ddress)	
(Ac	dress)	
(Ci	ty/State/Zip/Phone	#)
PICK-UP	WAIT	MAIL
(Bi	usiness Entity Nam	ne)
(De	ocument Number)	
Certified Copies	Certificates	of Status
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Special Instructions to	Filing Officer:	





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OK/a/V

COVER LETTER

TO: A	mendment Section livision of Corporation	ns				
SUBJEC	T:	Tradisyon Lakou l	_akay, Inc. poration			
DOCUM	ENT NUMBER:	N0400	00007848			
The enclo	sed Statement of Cha	inge of Registered Office/	Agent and fee are subm	nitted for filing.		
Please ret	urn all correspondence	e concerning this matter to	o the following:			
	- 4.,	WEISELAND	E CESAR			
		Name of Conta	act Person			
Tradisyon Lakou Lakay, Inc.						
		Firm/Con	npany			
	10802 NE 4TH Avenue					
		Addre	SS			
		Miami, Flori City/State and	da 33161 Zip Code			
		ceazar@bells	outh.net			
	E-mail add	dress: (to be used for fut	ure annual report not	ification)		
For furthe	er information concer	ning this matter, please ca	II:			
	WEISELAND	E ÇESAR	at (786)	344-6683		
	Name of Conta	ct Person	Area Code & Day	time Telephone Number		
Enclosed	is a \$35.00 check ma	de payable to the Departm	ent of State.			
	Amer Divis P.O. 1	ng Address: Idment Section ion of Corporations Box 6327 nassee, FL 32314		Section Corporations ling ive Center Circle		
			Tallahassee,	TL 32301		

TO:

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

statement of cha	provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Flor inge is submitted for a corporation organized under the laws of the State or to change its registered office or registered agent, or both, in the State	of Florida
1. The name of	the corporation: Tradisyon Lakou Lakay, Inc. office address: 10802 NE 4TH Avenue, Miami, Florida 3316	
3. The mailing a	ddress (if different):	
4. Date of incorp	poration/qualification: August 9, 2004 Document number:	N04000007848
	d street address of the current registered agent and registered office on fil trment of State: (If resigned, enter resigned)	e with the
	Ernest Laguerre	
	10802 NE 4TH Avenue	
	Miami, Florida 33161	O FEB
6. The name and (if changed):	d street address of the new registered agent (if changed) and /or registered	を で 1
	WEISELANDE CESAR	T. 2
	10802 NE 4TH Avenue	TATE OR IDA
	P.O. Box NOT acceptable Miami, Florida 33161	
as changed will	ess of its registered office and the street address of the business office be identical.	
authorized by the	as authorized by resolution duly adopted by its board of directors or be board, or the corporation has been notified in writing of the change	
1 Cuff	Weiselande Cesar, Printed or typed name	CEO/Founder
I further agree of my duties, an document is bei	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 I am familiar with and accept the obligation of my position as regising filed merely to reflect a change in the registered office address, I is been notified in writing of this change. August 3,	l complete performance stered agent. Or, if this hereby confirm that the
	Mugust 3, Date	2003
If signing on be	chalf of an entuy:	
	vped or Printed Name	

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