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COVER LETTER

TO: Amendment Section Division of Corporations	
SUBJECT: Fuente Family Foundation, Inc.	
Name of Corporation	
DOCUMENT NUMBER: N0800000099	
The enclosed Statement of Change of Registered Off	ice/Agent and fee are submitted for filing.
Please return all correspondence concerning this mat	
Melissa Horowitz	
Name of Contact Person	
The Fuente Companies	
Firm/Company	
1310 N. 22nd Street	·
Address	
Tampa, FL 33605	
City/State and Zip Code	
mhorowitz@fuenteholdings.com	
E-mail address: (to be used for future annual rep	ort notification)
	1
For further information concerning this matter, pleas	e call:
Brenda E. Byrne	at (813) 248-5704 Area Code & Daytime Telephone Number
Name of Contact Person	Area Code & Daytime Telephone Number
Enclosed is a \$35.00 check made payable to the Dep	artment of State.
Mailing Address: Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address: Amendment Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee. FL 32303

CR2E045 (04/13)

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, Florida Statutes, this nge is submitted for a corporation organized under the laws of the State of Florida r to change its registered office or registered agent, or both, in the State of Florida.	_
I. The name of t	he corporation: Fuente Family Foundation, Inc.	
2. The principal	office address: 1310 N. 22nd Street, Tampa, FL 33605	
		_
	ddress (if different):	
	poration/qualification: January 3, 2008 Document number: N08000000099	_
The name and Florida Depart	I street address of the current registered agent and registered office on file with the timent of State: (If resigned, enter resigned)	
	Karen R. Smith	
	1310 N. 22nd Street	
	Tampa, F1. 33605	
6. The name and (if changed):	I street address of the new registered agent (if changed) and /or registered office	
	Brenda E. Byrne	
	P O Box NOT acceptable	
The street addre as changed will	ess of its registered office and the street address of the business office of its registered age be identical.	nt.
Such change wa authorized by th	as authorized by resolution duly adopted by its board of directors or by an officer so its board, or the corporation has been notified in writing of the change.	
Signatur	Karen R. Smith, Vice President — Printed or typed name and title	_
I hereby accept I further agree t of my duties, and document is bein corporation has	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 performa of I am familiar with and accept the obligation of my position as registered agent. Or, if t ing filed merely to reflect a change in the registered office address. I hereby confirm that to been notified in writing of this change.	ic ni. ne
.7	nature of Registered Agent Date	_
	half of an entity:	
Ty	sped or Printed Name	
	* * * FILING FEE: \$35.00 * * *	
	MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE	

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR2E045 (04/13)