## P000000048337

ON TO PAS: 31

**TO:** Amendment Section Division of Corporations

SUBJECT: ECUZ Valley Distributors, Inc
Name of corporation)  DOCUMENT NUMBER: 100 000 4853 4
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:
Name of person) Noger Boyy PA
(Name of Nirm/company)  (Name of Nirm/company)  (Address)  (Address)  500008309485—5  -10/10/02-01069-004
*****35.00 *****35.00 (City/state and zip code)
For further information concerning this matter, please call:
(Name of person) at (365) 85 4 6363  (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
409 E. Gaines Street
Tallahassee, FL 32399

RA Chg.

CR2E045(07/02)

V SHEPARD GCT : 4 2002

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

		1502, 617.0502, 607.1508, or 617.150 (poration organized under the laws of	
FLORIDA		registered office or registered agent,	
of Florida.			_
I. The name of	f the corporation: ECUA VALLE	EY DISTRIBUTORS, INC.	920
2. The principa	al office address: 12271 SW 12	9 <u>CT, MIAMI, FL 33186</u>	62
3. The mailing	address (if different):		6
4. Date of inco	rporation/qualification: 5-16-	-2000 Document number:	P00000048337
5. The name ar Florida Depa	nd street address of the current reartment of State:	registered agent and registered office of	on file with the
	MARIO CORDOVAZ		
	13164 SW 142 ST		
	MIAMI, FL 33186		
6. The name a changed):	nd street address of the new r	registered agent (if changed) and /or	registered office (if
	12271 SW 129TH CT		
	(P.O. Box or personal MIAMI, FL 33186	sonal mailbox NOT acceptable)	<del></del>
The street addragent, as chang	ess of its registered office and ed will be identical.	the street address of the business offi	ce of its registered
Such change wauthorized by t	as authorized by resolution du he board, or the corporation ha	ly adopted by its board of directors on as been notified in writing of the chan	r by an officer so ige.
(Signature of an office	r, chairman or vice chairman of the board)	(Printed or typed name and titl	c)
I hereby accept I further agree performance of registered agen office address,	the appointment as registered to comply with the provisions of my duties, and I am familiar wit. Or, if this document is being I hereby confirm that the corp	d agent and agree to act in this capac of all statutes relative to the proper a with and accept the obligation of my g filed merely to reflect a change in t oration has been notified in writing o	ity. ind complete position as he registered if this change.
<u> </u>	<del></del>	9-30-02	
	Signature of Registered Agent)	(Date)	
If signing on behal	M. ROMAN	PRESIDENT	
	Typed or Printed Name)	(Capacity)	<u> </u>

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