Robert Mogle

February 5, 2002

Florida Department of State Secretary of State Division of Corporations P.O.Box 6327 Tallahassee, Florida 32314

700004897567-

Ref: FRANBARDI SUPPLIES, INC.

Dear Ms. Harris:

Attached please find the payment of \$ 35.00 for the "Statement of Change of Registered Office of Registered Agent of Both for Corporations" of the above corporation.

Sincerely yours,

Maria I. Cașablanca, P.A.

Maria I. Casablanca /Marysol: marysol Encl: As stated

2/12/02

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

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, the undersigned corporation organized under the laws of the State of FLORIDA
submits the following statement in order to change its registered office or registered agent, or ooth, in the State of Florida
1. The name of the corporation: FRANBARDI SUPPLIES, INC.
2. The mailing address of the corporation: 12448 SW 117TH COURT, MIAMI, FLORIDA 33186
3. Date of incorporation/qualification: OCT 9, 2000 Document number: P00000094847
4. The name and address of the current registered agent and office:
FRANCISCO BARBELLA
6757 SW 88TH STREET, C-309
MIAMI, FLORIDA 33157
5. The name and address of the new registered agent (if changed) and/or registered office (if changed):  (P. O. Box Not Acceptable)
ANGEL LUIS DIAZ REQUENA
12448 SW 117TH COURT ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐
MIAMI, FLORIDA 33186
The street address of its registered office and the street address of the business office of its registered agent, as changed, will be identical.
Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board.
FEB. 5, 2002
(Signature of an officer, chairman or vice chairman of the board) (Date)
(Printed or typed name and title)
Having been named as registered agent and to accept service of process for the above stated corporation, 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 obligation of my position as registered agent.
(Signature of Registered Agent) (Date)
If signing on behalf of an entity:
(Typed or Printed Name) (Capacity)
* * * FILING FEE: \$35.00 * * *

CR2E045(9/00)

DIVISION OF CORPORATIONS P.O. B

P.O. Box 6327

TALLAHASSEE, FL 32314