POOOOO99859 Requester's Name 10965 Sw 48 # Street Address Miani, FL 33175 City/State/Zip Phone # Office Use Only

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1		30099 <u>3513</u> 1	673m25
(Corporation Name)	(Document #)	*****35.00	*****35.80
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2(Corporation Name)	(Document #)		
(assperanon range)	(Document n)		
3			
(Corporation Name)	(Document #)		. · · . 2#
4			
(Corporation Name)	(Document #)	·	
☐ Walk in ☐ Pick up time		Certified Copy	
☐ Mail out ☐ Will wait	Photocopy	Certificate of Statu	
— Will wait	Тпогосору	— Certificate of State	18
NEW FILINGS	AMENDMENTS		
			_
Profit	Amendment	·	
Not for Profit Limited Liability	Resignation of R.A.		SECRE IIVISION
Domestication	Change of Registere Dissolution/Withdra		
Other	Merger	iwaj	FIL OF I
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OTHER FILINGS	REGISTRATION/QUA	ALIFICATION	PH OF S
☐ Annual Report	☐ Foreign		STAT
Fictitious Name	Limited Partnership	•	TENS TIONS
	☐ Reinstatement		
	Trademark		
	☐ Other	R.A. Cha	~0.0
			Dog
ND OCCUPANTAL COLORD		Examiner's Initials	NTJ_

CR2E031(7/97)

1-9-2001

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	
submits the following statement in order to change its registered office or registered agent, or both, in	
the State of Florida. 1. The name of the corporation: $CAFEDELASESTRELLASI.NC$.	
	•
2. The mailing address of the corporation: 2430 W 8 AV. HIA 1844 FIA.	_
33010	_
3. Date of incorporation/qualification: $10/23/00$ Document number: 90000099859	7
4. The name and address of the current registered agent and office:	
SUSANA L. ORDONEZ	74
10965 S.W. 48 St.	
MIAM, FIA 33175	
505A MA L. ORDOMEZ 10965 S.W. 48 St. MIANI FIA 33175 5. The name and address of the new registered agent (if changed) and/or registered office (if changed): (P. O. Box Not Acceptable)	3
ROQUE FABIAN NOVOA	
ROQUE FABIAN XOUDA 10965 S.W. 48 St	
MIAMI Fla 33175	-
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.	
(Signature of on officer, challman of the heard) (Signature of on officer, challman of the heard)	
(Date)	
SUSAHA L. OR OOMEZ 0635-792-44-637-0 (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: Rogus FABIAN NOVOA PRESIDENT/SECRETORY	
(Typed or Printed Name) N100-726-35-36 (Capacity)	2000
(Typed or Printed Name) *** FILING FEE: \$35.00 *** Regional Manuel *** FILING FEE: \$35.00 *** *** Regions ** Regions *** Regions *** Regions *** Regions *** Regions ** Regions *** Regions *** Regions *** Regions *** Regions ** Regions *** Regions *** Regions *** Regions *** Regions ** Regions *** Regions *** Regions *** Regions *** Regions **	7
Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	
Jose Manuel Areas Commission # GC 941495 Expires July 17, 2004 Bonded Thru Atlantic Bonding Co., Inc.	