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TRANSMITTAL LETTER

Division of Corporations
SUBJECT: LAS AMERICAS BAKERY Of COSAL Springs/MC. (Name of corporation)
DOCUMENT NUMBER:
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:
Sylvia Sanchez. (Name of person)
LAS AMERICAS BAKERY of Coral Springs / UC
3231 N. State Lol 17
(Address)
MARGATE FL 33063 (City/state and zip code)
For further information concerning this matter, please call:
Sylving SANCIARX at (9x4) 917-0717 (Name of person) (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

TO:

Amendment Section

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, this statement of	
change is submitted for a corporation organized under the laws of the State of	
to change its registered office or registered agent, or both, in the State of Florida.	/
1. The name of the corporation: LAS HITERICAS PARCIF OF CORN SMINIS,	/W
2. The principal office address: 3231 W. State Lot 7	
MANGATE, TR 33063	
3. The mailing address (if different):	
4. Date of incorporation/qualification: 02/08/2001 Document number: 1010000 15299	
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:	
HAROLD A. TIMENEZ	
5/34 NW 27cf.	
MARGATE, Th 33063	
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):	, }
SYlVIA SANCHEZ.	
22785 SW 66+4 AVE +2015	
(PO Box or personal mailbox NOT acceptable) Boca Faton, FL 33428	
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, or the corporation has been notified in writing of the change.	
Dinco Timper Pracido	4
(Signature of an officer or director) (Printed or typed name and title)	1/ .
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. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.	
(Date)	
If signing on behalf of an entity:	
(Typed or Printed Name) (Capacity)	

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

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MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE

MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314