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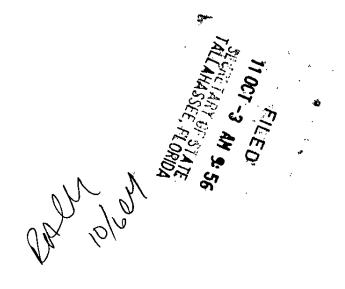
(Requestor's Name)		
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PICK-UP WAIT MAIL		
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COVER LETTER

TO: Am	endment Section ision of Corporations			
SUBJECT:	SOUTHEAST TO	WING, INC.		
	Name of Co	rporation		
DOCUMEN	NT NUMBER: P010	00046846		
The enclose	d Statement of Change of Registered Office	Agent and fee are submitted for filing.		
Please return	n all correspondence concerning this matter	to the following:		
		<u> </u>		
	CRAIG M DO	DRNE, PA		
	Name of Con-	tact Person		
ATTORNEY AT LAW Firm/Company				
	rim/Cor	npany		
	407 LINCOLN ROAD PEN	THOUSE SOUTHEAST		
	Addre			
	MIAMI BEACH	ł, FL 33139		
City/State and Zip Code				
CDORNE@DORNELAW.COM				
E-mail address: (to be used for future annual report notification)				
	`	•		
For further in	nformation concerning this matter, please ca	11:,		
	CRAIG M DORNE, PA	at (305) 531-7890		
	Name of Contact Person	at (305) 531-7890 Area Code & Daytime Telephone Number		
Enclosed is a	a \$35.00 check made payable to the Departm	nent of State.		
	Mailing Address: Amendment Section	Street Address: Amendment Section		
	Amendment Section Division of Corporations	Amendment Section Division of Corporations		
	Division of Corporations	Division of Corbotations		

Clifton Building

Tallahassee, FL 32301

2661 Executive Center Circle

P.O. Box 6327

Tallahassee, FL 32314

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 range is submitted for a corporation organized under the laws of the State of FLORIDA
	er to change its registered office or registered agent, or both, in the State of Florida.
	the corporation: SOUTHEAST TOWING, INC. office address: 2343 NW 7 AVE MIAMI FL 33127
2. The principal	office address: 2010 7777 7772 1110 doi:10.00121
3. The mailing a	address (if different):
4. Date of incor	poration/qualification: 05/07/2001 Document number: P0100046846
5. The name and Florida Depart	d street address of the current registered agent and registered office on file with the trument of State: (If resigned, enter resigned)
	PETER F HERNANDEZ
	49 NW 9TH AVE
	HOMESTEAD, FL 33030
6. The name and (if changed):	d street address of the new registered agent (if changed) and /or registered office
	CRAIG M DORNE, PA
	407 LINCOLN ROAD PENTHOUSE SOUTHEAST
	P.O. Box NOT acceptable
	MIAMI BEACH, FL 33139
The street addre as changed will	ess of its registered office and the street address of the business office of its registered agent, be identical.
Such change wa authorized by th	as authorized by resolution duly adopted by its board of directors or by an officer so ne board, or the corporation has been notified in writing of the change.
D'	PETER F HERNANDEZ Froil an officer or director Printed or typed name and title
I hereby accept I further agree a of my duties, a document is bei 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 performance d I am familiar with and accept the obligation of my position as registered agent. Or, if this ng filed merely to reflect a change in the registered office address, I hereby confirm that the been notified in writing of this change.
Sio	nature of Registered Agent Date
_	half of an entity:
G.	4
T	yped or Printed Name
	* * * FILING FEE: \$35.00 * * *

Make checks payable to Florida Department of State
Mail to: Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

CR2E045 (8/05)