Po1000057667

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TRANSMITTAL LETTER

SUBJECT: FRAGA & FERNANDEZ ENTERPRISES INC (Name of corporation)
DOCUMENT NUMBER: P01000057667
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:
Guillermo García (Name of person)
Fraga & Fernandez Enterprises Inc (Name of firm/company)
394 Giralda Ave (Address)
Coral Gables, F1 33134 (City/state and zip code)
For further information concerning this matter, please call: Guillermo García
(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 Fallahassee, FL 32314 Street Address: Amendment Section Division of Corporations P.O. Box 6327 Fallahassee, FL 32314 Street Address: Amendment Section Division of Corporations Fallahassee, FL 32319

TO:

Amendment Section Division of Corporations

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

	-	ions 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, ad for a corporation organized under the laws of the State of
Flor1da	in order to c	hange its registered office or registered agent, or both, in the State
of Florida.		
1. The name of	the corporation:	FRAGA & FERNANDEZ ENTERPRISES INC,
2. The principa	l office address:	394 GIRALDA AVE
		CORAL GABLES, FL 33134
3. The mailing	address (if different)):
4. Date of incor	poration/qualification	on: June 11, 2001 Document number: P01000057667
	d street address of the	ne current registered agent and registered office on file with the
	Fern	andez, Maria Sol
	1453	80 SW 65 Ave
	Mian	d, Fl 33158
6. The name a changed):	nd street address of	f the new registered agent (if changed) and /or registered office (if
changed).	Gard	cia, Guillermo
	394	Giralda Ave
		P.O. Box or personal mailbox NOT acceptable)
	Cora	il Gables, F1 33134
agent, as chang	ged will be identical	
Such change wauthorized by	as authorized by rethe board, or the con	solution duly adopted by its board of directors or by an officer so poration has been notified in writing of the change.
(Signature of an office	r, chairman or vice chairman	Grillermo Garcia-President (Printed or typed name and title)
I hereby accept further agree performance of vegistered age office address,	t the appointment a to comply with the f my duities, and f a	s registered agent and agree to act in this capacity. provisions of all statutes relative to the proper and complete in familiar with and accept the obligation of my position as hent is being filed merely to reflect a change in the registered hat the corporation has been notified in writing of this change.
	Signature of Registered Ager	
If signing on beha	alf of an entity:	CRETA AHAS
i	(Typed or Printed Name)	(Capacity) 77 ≺ W
		* * * FILING FEE: \$35.00 * * *
		NYABLE TO FLORIDA DEPARTMENT OF STATE AND MAIL TO: SPROPARTIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314