P01000092064

(Requestor's Name)					
, (Address)					
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PICK-UP WAIT MAIL					
(Business Entity Name)					
(Document Number)					
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COVER LETTER

TO: Amendment S Division of Co	ection rporations					
SUBJECT:	CAFE KAR	IBO, INC.				
	Name of	Corporation				
DOCUMENT NUMB	ER:P0	1000092064				
The enclosed Statemer	t of Change of Registered Off	ice/Agent and fee are submi	itted for filing.			
Please return all correspondence concerning this matter to the following:						
ricuso retarri un corres	pondence concerning and man	er to the following.				
	RICHARD	J. SCHOLZ				
	Name of Contact Person					
JACOBS SCHOLZ & ASSOCIATES						
_		Company	· · · · · · · · · · · · · · · · · ·			
961687 GATEWAY BLVD., STE 201-I						
Address						
	•		•			
FERNANDINA REACH EL 32034						
FERNANDINA BEACH, FL 32034 City/State and Zip Code						
TPOYNTER@GMAIL.COM						
E-mail address: (to be used for future annual report notification)						
For further information	concerning this matter, please	e call:	·			
ысца	ARD J. SCHOLZ	004	004 0000			
	f Contact Person	at (at (904)	261-3693 ime Telephone Number			
, tarre o	r contact t croon	Area Code & Dayti	ine relephone Number			
Enclosed is a \$35.00 check made payable to the Department of State.						
The state of the s						
,	B4 412 A 1 1					
	Mailing Address: Amendment Section	Street Address: Amendment S	ection			
	Division of Corporations	Division of Co				
1	P.O. Box 6327	Clifton Building	•			
	Tallahassee FI 32314		ra Center Circle			

Tallahassee, FL 32301

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

Pursuant to the provisions of sections 607.050 statement of change is submitted for a corporation in order to change its registered officers.	ation organized	under the laws of the Sta	ate of FLORIDA
1. The name of the corporation: CAFE KA	_		
2. The principal office address: 27 N. 3RD	ST.		
FERNANDINA BEACH, FL 32034			
3. The mailing address (if different):			
4. Date of incorporation/qualification: 09	9/17/2001	_ Document number:	P01000092064
5. The name and street address of the current reflorida Department of State: (If resigned, en		and registered office on	file with the or
H. PRICE POOLE, JR.	•		题 2 严
303 Centre	St Sk	200	800 P
Fernandina	Bch,	E 32034	JE STA
6. The name and street address of the new reg (if changed):	istered agent (il	f changed) and /or register	red office
RICHARD J. SCHOLZ	, ESQ.		
961687 GATEWAY BL	.VD., STE 20	D1-I	
- · · · · · · · · · · · · · · · · · · ·	P.O. Box NOT acc	eptable	
FERNANDINA BEACH	I, FL 32034		
The street address of its registered office and as changed will be identical.			
Such change was authorized by resolution d authorized by the board, or the corporation h	uly adopted by has been notific	its board of directors or ed in writing of the chan	· by an officer so ge.
Ministyre of an other or knowled		Timothy M. Poys	ne and title
I hereby accept the appointment as registere I further agree to comply with the provisions of my duties, and I am familiar with and acc document is being filed merely to reflect a co- corparation has been notified in writing of the complete to the constant of the corporation of the corporation has been notified in writing of the corporation with the corporation of the corporation has been notified in writing the corporation of the corporation with the corporation of the corporation of the corporation with the corporation of	ed agent and a s of all statutes sept the obligat hange in the re his change.	gree to act in this capaci relative to the proper a ion of my position as reg gistered office address,	ty, nd complete performance gistered agent. Or, if this I hereby confirm that the
Missing		11-15-11 Date	
Signature of Registered Agent If signing on behalf of an entity:		Date	
Typed or Printed Name			

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