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TO: Amendment Section Division of Corporations

SUBJECT: Eduardo A EXPOSITO 4 AS SOCIATES.
(Name of Corporation)

DOCUMENT NUMBER: <u>POI 000 114762</u>

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:

FSabelle C. Miranda.
(Name of Contact Person)

Educated A Exposito & ASSOCIATES P.A.

10724 NW 58th Street.

Mami, FL. 33178
(City/State and Zip Code)

For further information concerning this matter, please call:

Sabelle (Mirand) - at (380 330 8488 (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
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPOR TIONS

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 Florida.
1. The name of the corporation: Eduardo A. EXPOSITO AND STREET, DOTAL, F1. 33178
3. The mailing address (if different):
4. Date of incorporation/qualification: 12/04/01 Document number: P. 01000114762
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)
Educitor A. Exposito
107210 NW 58th Street
Doral, Fl. 33178
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed): ANDEL MARIL RITER
1072 to NW 58th Street
DOPA, FI. 33178
The street address of its registered office and the street address of the business office of its registered agent, as changed with a identical.
Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized the board, or the corporation has been notified in writing of the change.
(Printed or typed name and title)
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 yell and accept the obligation of my position as registered agent. Or, if this document is being filed merely (directed a change in the registered office address, I hereby confirm that the corporations as been notified in a principal this change.
(Signature of Registered Agent) (Date)
If signing on behalf of an entity:
(Typed 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)