P02000003741

(Address) (City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name) (Document Number) Certified Copies Certificates of Status Special Instructions to Filing Officer:	(Regi	iestor's Name)	
(Address) (City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name) (Document Number) Certified Copies Certificates of Status			
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Office Use Only



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SCURETARY OF STATE
ALL AHASSEE FLOOR

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

statement of cha	ange is submitted for a corporation or	0502, 607.1508, or 617.1508, Florida Statutes, this ganized under the laws of the State of Florida gistered agent, or both, in the State of Florida.	
1. The name of	the corporation: Charles Tobacco C	Corporation	
	l office address: 16300 NE 19th Ave		
3. The mailing a	address (if different): Same		**************************************
4. Date of incorp	poration/qualification: January 11,	2002 Document number: P0200003741	
	d street address of the current registere rument of State:	ed agent and registered office on file with the	
	Silva Fernando		
	16300 NE 19th Avenue	OCT A	06 ×
	Miami, FL 33162	HAS	
6. The name and (if changed):		agent (if changed) and /or registered office	ž M
	Lauren V. Perez	ORTE C	: U
	5200 Blue Lagoon Drive	Ş K)
	(P.O. Box NOT accept Miami, FL 33126-2022	able)	
The street addre as changed will	ess of its registered office and the str	reet address of the business office of its registered ap	gent,
Such change was authorized by the	as authorized by resolution duly ador he board, or the corporation has been	pted by its board of directors or by an officer so in notified in writing of the change.	
/Can	ure of an object of director	Karen Herskowich	
4-3		t and agree to act in this capacity, statutes relative to the proper and complete perform obligation of my position as registered agent. Or, in the registered office address, I hereby confirm than age.	sance if this it the
(8)	gnature of Registered Agent)	(Date)	
If signing on be	ehalf of an entity:		
	Turned 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)