## PD20000/6933

(Re	questor's Name)	
(Ad	dress)	
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(Cit	ry/State/Zip/Phone	∍ #)
PICK-UP	WAIT	MAIL
(Bu	siness Entity Nar	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
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## **COVER LETTER**

TO: Amendment Section Division of Corporations
SUBJECT: SOFAS + CHAILS INC, (Name of Corporation)
DOCUMENT NUMBER: PO 2000016933
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:
DANIEL TAGGER (Name of Contact Person)
SOFAS + CHAIRS INC. (Firm/Company)
3625 SW 30 TV NE. BLDG, #1 (Address)
FORT LAUDERDAVE FL: 3331L  (City/State and Zip Code)
For further information concerning this matter, please call:
DANIEZ TAGGES at (454) 581-7197 (Name of Contact 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
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 CORPORATIONS

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.  in order to change its registered office or registered agent, or both, in the State of Florida.
1. The name of the corporation: SOFAS & CHANCS INC.
2. The principal office address: 3625 5W 30 Th AVE, BLOG, #1
FORT LAUDERDAGE FL, 33312
3. The mailing address (if different):
4. Date of incorporation/qualification: 2/11/2002 Document number: P02 0000 16933
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:
KEITH A, MCNAUGHTON
3625 SW 30 TH NE, BUG, #1
FORT LANDER PARE FL. 33312
3625 SW 30 TH NE, BUC, HI  FORT LANDER DATE FL, 3331 L  6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):  DANIEL TAGGER
DANIER TAGGER
(P.O. Box NOT acceptable)
The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.
Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.
(Signature of an officer of director)  ANTONIO GUTIERREZ VP  (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 with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.
Signal of Registered Agent) 08/0/4/2006
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)