

PD2000038836

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

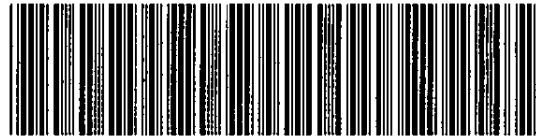
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF
TALLAHASSEE, FLORIDA
10 MAY 21 AM 11:52

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1a 5/21/10



FLORIDA DEPARTMENT OF STATE
Division of Corporations

April 23, 2010

MARISELA PERERA
OBBA ENTERPRISES, INCORPORATED
713 THOUSAND OAKS LANE
KISSIMMEE, FL 34759

SUBJECT: OBBA ENTERPRISES, INCORPORATED
Ref. Number: P02000038836

We have received your document for OBBA ENTERPRISES, INCORPORATED and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The current name of the entity is as referenced above. Please correct your document accordingly.

The document must have original signatures.

Photo copies are not acceptable.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6964.

Irene Albritton
Regulatory Specialist II

Letter Number: 910A00010055

RECEIVED
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**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: OBBA ENTERPRISES, INCORPORATED
2. The principal office address: 713 THOUSAND OAKS, KISSIMMEE, FL 34759

3. The mailing address (if different): _____

4. Date of incorporation/qualification: 04/03/2003 Document number: P02000038836

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)

MONICA Z. LAWSON

2403 STATE ST.

TAMPA, FL 33609

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

MARISELA PERERA

713 THOUSAND OAKS LANE

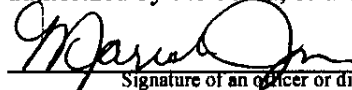
P.O. Box NOT acceptable

KISSIMMEE, FL 34759

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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 or director

MARISELA PERERA
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.


Signature of Registered Agent

4/20/2009
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)