P02000045316

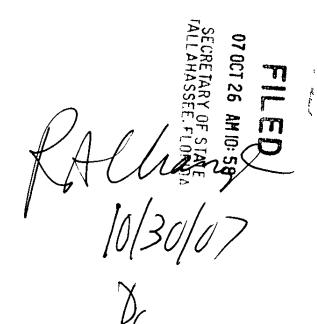
| (Re | equestor's Name) | | | |
|---|------------------------|--|--|--|
| (Address) | | | | |
| (Ac | ddress) | | | |
| (Ci | ty/State/Zip/Phone #) | | | |
| PICK-UP | ☐ WAIT ☐ MAIL | | | |
| (Bu | usiness Entity Name) | | | |
| (Document Number) | | | | |
| Certified Copies | Certificates of Status | | | |
| Special Instructions to Filing Officer: | | | | |
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Office Use Only



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COVER LETTER

Amendment Section Division of Corporations

TO:

| SUBJECT: LA SEGUNDA BODEGUITA D (Name of Cor | PEL MEDIO Poration) | | | |
|---|--|--|--|--|
| DOCUMENT NUMBER: P02000045316 | | | | |
| The enclosed Statement of Change of Registered Office/ | Agent and fee are submitted for filing. | | | |
| Please return all correspondence concerning this matter to | o the following: | | | |
| FULGENCIO ROSETE | <u></u> | | | |
| (Name of Contact Person) | | | | |
| LA SEGUNDA BODEGUITA DEL MEDIO INC (Firm/Company) | | | | |
| 833 SW 29 AVE #3, (Address) | | | | |
| MIAMI, FL, 33135 (City/State and Zip Code) | | | | |
| For further information concerning this matter, please ca | II: | | | |
| FULGENCIO ROSETE | at (347) 245-7436 | | | |
| (Name of Contact Person) | at (347) 245-7436 (Area Code & Daytime Telephone Number) | | | |
| Enclosed is a \$35.00 check made payable to the Departm | nent 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

| statement of cha | provisions of sections 607.0502, 617.050 nge is submitted for a corporation organ r to change its registered office or registe | ized under the laws of the State of | FLORIDA |
|--|---|--|---|
| 1. The name of t | he corporation: LA SEGUNDA I | BODEGUITTA DEL MED | IO INC |
| | office address: 833 SW 29 AVE #3, N | MAMI, FL, 33135 | |
| 3. The mailing a | ddress (if different): 833 SW 29 AVE | 33, MIAMI, FL, 33135 | |
| 4. Date of incorp | poration/qualification: 04/25/2002 | Document number: P0200 | 0045316 |
| | I street address of the current registered a timent of State: | gent and registered office on file w | vith the |
| | CLAUDIA J ROQUE | | |
| | 833 SW 29 AVE #3 | | FIL 07 OCT 26 SECRETAR ALL AHASS |
| | MIAMI, FL, 33135 | | ETA HAS |
| 6. The name and (if changed): | street address of the new registered ages | nt (if changed) and /or registered o | mi≺ " |
| | FULGENCIO ROSETE | | 58 0RIII |
| | 833 SW 29 AVE #3 | | |
| | (PO Box NOT acceptable |) | |
| | MIAMI, FL, 33135 | | <u> </u> |
| The street addre as changed will | ess of its registered office and the street be identical. | address of the business office of | its registered agent, |
| Such change wa authorized by the | as authorized by resolution duly adopte ne board, or the corporation has been no | d by its board of directors or by a patified in writing of the change. | nn officer so |
| - 7 | ire of a follicer or director) | FULGENCIO ROSETE,F | |
| I further agree . of my duties, an document is bei | the appointment as registered agent an to comply with the provisions of all stated I am familiar with and accept the ob- ing filed merely to reflect a change in the s been notified in writing of this change | nd agree to uct in this capacity, tutes relative to the proper and co ligation of my position as register he registered office address, I her | |
| 7 9 | Selle 17 | 10/15/2007 | |
| 45_IN | gnature of Registered Agent) | (Date) | |
| If signing on be | chalf of an entity: | | |
| (| Typed or Printed Name) | | |
| | * * * FILING FI | EE: \$35.00 * * * | |