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COVER LETTER

TO: Amendment Section Division of Corporations
SUBJECT: South BEACH Munchies, INC.
DOCUMENT NUMBER: 502 0000 85.399
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:
Elgzabeth Ruiz Name of Contact Person
South BEACH MUNCHIES, INC.
3045 S.W. 78 Are
Might FL 33155 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call: ECZADEHL RUPZ at 305 776-9-971 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: South BEACH MUNCHIES TNC.
2. The principal office address: 304 Lincoln Rd Mim: BEACH FC 3
3. The mailing address (if different): 3045 S.W. BAVE MiAmi FL
4. Date of incorporation/qualification: 08/07/2002 Document number: 90200085399
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) MARTHA V. DIAZ 9835 SW 143 Deive Miami FC 33176 6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):
ELizabeth Kuiz 3045 S.W. 78 Ave Miam, FZ 33155 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 orderector 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 of change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change. By Date If signing on behalf of an entity:
Typed or Printed Name

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

* * * FILING FEE: \$35.00 * * *