Po200091953

(Requestor's Name)	
(Address)	
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT	MAIL
(Business Entity Name)	
(Document Number)	<u></u>
Certified Copies Certificates of Status	s
Special Instructions to Filing Officer:	
,	

Office Use Only



600162828776

11/16/09--01020--019 **70.00

Chouse

SECRETARY OF STATE

NOV 16 AH II: IC

1000 M

COVER LETTER

TO: Amendment Section Division of Corporations
SUBJECT: Miami I (e Machine Company Name of Corporation
DOCUMENT NUMBER: <u>P02060091953</u>
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:
Caressa Ann Lanier, Esq. Name of Contact Person 1
Phillips Lanies Firm/Company
One Flagier Bldg 14 NE 1st Ave 2nd Floor Address
Miami, Fl 3313 2 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Carlssa Am Lanic at (305) 350 5299 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: Miani Ice Machine Company
2. The principal office address: 10752 SW 186th Street Cutter Bay, 61 33157 Goese
3. The mailing address (if different):
4. Date of incorporation/qualification: 8/33/02 Document number: PD200091953
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)
6. The name and street address of the new registered agent (if changed) and /or registered office of the changed): Caressa Ann Lanier, Esq. One Playler Blds 14 NE Ist No. 2nd Floor P.O. Box NOT acceptable Miani, 81 33132
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 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.
10-1-09
Signature of Registered Agent Date If signing on behalf of an entity:
Cacesa Lavier Typed or Printed Name

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