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S. HAWKES

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EXAMINER

COVER LETTER

Amendment Section Division of Corporations

SUBJECT: Cavache, Inc.

Name of Corporation

P02000120371

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:

Adam D. Adache

Name of Contact Person

Cavache, Inc.

Firm/Company

280 NW 12th Avenue

Address

Pompano Beach, FL 33069

City/State and Zip Code

Accounting@cavache.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Adam Adache

Name of Contact Person

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 \cdot BOTH FOR CORPORATIONS

statement of ch	provisions of sections 607.0502, 617.05 unge is submitted for a corporation orga	nized under the laws of the State of	Florida	-
•	er to change its registered office or regis	tered agent, or both, in the State of .	Florida.	
1. The name of	the corporation: Cavache Inc	nua Pampana Pagah El	22060	<u></u>
2. The principa	l office address: 280 NW 12th Ave	nue, Pompano Beach, FL	33069	
3. The mailing	address (if different):			
4. Date of incor	poration/qualification: 11/12/2002	Document number: P0200	01203 ‡ 71	
	d street address of the current registered artment of State: (If resigned, enter resign		ith the	
	Adache, Adam D			
	3310 NE 33rd Street			
	Fort Lauderdale, FL 33308		∃ ∽ .	
6. The name an (if changed):	d street address of the new registered age	ent (if changed) and /or registered of	ECKETAKT	emergenia di di mongenia grit mala
	Adache, Adam D			TY
	280 NW 12th Avenue		PH 12: 4.7 Cr. Clivie EE, Florido	
	P.O. Box NO Pompano Beach, FL 33069	T acceptable	NDA 5	
The street addr as changed will	ess of its registered office and the street	address of the business office of it	s registered age	nt,
Such change w authorized by t	as authorized by resolution duly adopte he board, or the forporation has been no	d by its board of directors or by an otified in writing of the change.	officer so	
Signat	are of an officer or director	Adam Adache, Presider		-
I hereby accept I further agree performance of agent. Or, if th hereby confirm	t the appointment as registered agent and to comply with the provisions of all state my duties, and I am familiar with and dis document is being filed merely to refut that the corporation has been notified that	nd agree to act in this capacity. tutes relative to the proper and con accept the obligation of my position lect a change in the registered offic in writing of this change.	nplete n as registered ce address, I	
	- MAN	8/6/2012		_
	gnature of Degistered Agent	Date		
it signing on be	chalf of an entity:			
1	yped or Printed Name			

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314 CR2E045 (03/12)

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