P02000126663

(Re	equestor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	me)
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to Filing Officer:		

Office Use Only



200070654182

04/20/06--01031--010 **35.00

DIVISION OF CORPORATIONS

2006 APR 20 AM 8: 44

RA Cha.

y 4h)

COVER LETTER

TO: Amendm Division	ent Section of Corporations				
SUBJECT:	LATIN FEVER PRODU	erio NS prporation)	luc.		
DOCUMENT N	UMBER: PO 2000 12 6	663			
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:					
	JAMIE MERO				
(Name of Contact Person)					
LANIN FEVER PROPURTIONS INC.					
	(Firm/Co	mpany)			
20547 OCD CUTLER RD # 174 (Address)					
(Address)					
	MiAM: Fl. 3316 (City/State an	39			
	(City/State an	d Zip Code)			
For further information concerning this matter, please call:					
	MERCADO Name of Contact Person)	_at (305 (Area Co	de & Daytime Telephone Number)		
	i.00 check made payable to the Depart	ment of State.			
	Mailing Address: Amendment Section Division of Corporations	Ame	t Address: ndment Section sion of Corporations		
	P.O. Box 6327		on Building		
Tallahassee, FL 32314		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 in order to change its registered office or registered agent, or both, in the State of Florida.
1. The name of the corporation: Laris Fever Production's Inc.
2. The principal office address: 20547 OID CUTIER 80. # 174
MigMi Fl. 33189
3. The mailing address (if different):
4. Date of incorporation/qualification: 12/02/2002 Document number: P 02 000 12 6663
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:
MARIO L. BOIDANICH
820 W 815T POJOE 3
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: MACIO L. BOIDANICH 820 W 815T PCACE HIALENH FL. 33019 6. The name and street address of the new registered agent (if changed) and /or registered office
(if changed):
JAMIE MERCADO
406 VALENCIA PLACE CIL.
(P.O. Box NOT acceptable) ORUGNDO PL. 32825
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.
(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) (Date)
If signing on behalf of an entity:
$v/_{A}$
(Typed or Printed Name)

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