P03000029285

(Re	equestor's Name)	_
(Ac	dress)	
(Ac	idress)	
(Ci	ty/State/Zip/Phone	#)
	_	_
PICK-UP	TIAW	MAIL
(Be	usiness Entity Nam	e)
(Do	ocument Number)	
Certified Copies	Certificates	of Status
,		
Special Instructions to	Filing Officer:	
		

Office Use Only



100021012841

06/30/03--01078--011 **35.00

DIVISION OF CORPORATION

R. A. Change LFT 7-1-03

TRANSMITTAL LETTER

TO: Amendment Section Division of Corporations	
SUBJECT: FLA ENTERPRISE'S, INC. (Name of corporation)	·
DOCUMENT NUMBER: <u>P.O. 300029285</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:	
LEANDRO VELAZOUEZ (Name of person)	
FCA ENTERPRISES, INC (Name of firm/company)	
201 PARK PLACE SUITE 100 (Address)	
(City/state and zip code)	
For further information concerning this matter, please call:	
LEAUDRO VELAZOUEZ at (32/) 2070794 (Name of person) (Area code & daytime telephone num	ber)
Enclosed is a \$35.00 check made payable to the Department of State.	
Mailing Address:Street Address:Amendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327409 E. Gaines StreetTallahassee, FL 32314Tallahassee, FL 32399	

TO:



FLORIDA DEPARTMENT OF STATE Glenda E. Hood Secretary of State

May 20, 2003

Leandro Velazquez % FLA. ENTERPRISES, INC. 201 Park Place, Suite 100 Altamonte Springs, FL 32701

SUBJECT: FLA. ENTERPRISES, INC.

Ref. Number: P03000029285

We have received your document for FLA. ENTERPRISES, INC., however, upon receipt of your document no check was enclosed. Please send a check or money order payable to the Department of State for \$35.00.

If you have any questions concerning this matter, please either respond in writing or call (850) 245-6910.

Letter Number: 503A00031399

Louise Flemming-Jackson Document Specialist Supervisor

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 FLORIOR in order to change its registered office or registered agent, or both, in the State
of Florida.
1. The name of the corporation: FLA ENTERPRISE'S, INC.
2. The principal office address: 201 PARK PLACE SULTE 100
ALTAMONTE SPRINGS, FL 32701
3. The mailing address (if different): Same
4. Date of incorporation/qualification: 3/12/03 Document number: PO30000 29>85
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:
LEANDRO VELAZQUEZ
ZIO PARK PLACE SUITS 100
ALTAMONTE SPRINGS, FL 32701
6. The name and street address of the new registered agent (if changed) and /or registered office if
changed): BRENDA VELAZQUEZ
201 PARIC PLACE SUITE 100 (P.O. Box or personal mailbox NOT acceptable)
ALTAMONTE SPRINGS FL 32701
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, chairman or vice chairman of the board) (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:
(Typed or Printed Name) (Capacity)

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