

POB000 102867

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

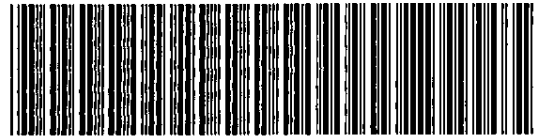
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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: DEUCE MIAMI, INC.
Name of Corporation

DOCUMENT NUMBER: P030000102867

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:

Jerald A. Freshman, Esq.
Name of Contact Person

Freshman & Freshman, LLC
Firm/Company

9155 S. Dadeland Blvd., #1014
Address

Miami, Florida 33156
City/State and Zip Code

jfreshman@fft-la2w.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Jerald A. Freshman at (305) 670-1400
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

**LAW OFFICES
FRESHMAN & FRESHMAN, LLC**

JERALD A. FRESHMAN
LAWRENCE N. FRESHMAN
ALLIE FRESHMAN

RYAN D. GESTEN*
RYAN D. GESTEN, P.A.*
*OF COUNSEL

9155 SOUTH DADELAND BOULEVARD
SUITE 1014
MIAMI, FL 33156
TELEPHONE (305) 670-1400
TOLL FREE (800) 317-8525
FAX (305) 670-1410

December 2, 2011

Secretary of State
Division of Corporations
P. O. Box 6327
Tallahassee, Florida 32314

RE: Deuce Miami, Inc.
P030000102867

Gentlemen:

Enclosed please find Statement of Change of Registered Office and Registered Agent together with our check payable to Florida Department of State in the sum of \$55.00 for a certified copy. Please forward a certified copy back to our office in the enclosed self-addressed stamped envelope.

Very truly yours,



JERALD A. FRESHMAN

JAF:lrg
Enclosure

**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: Deuce Miami, Inc.
2. The principal office address: 4811 S.W. 74 Terrace, Miami, FL 33143
3. The mailing address (if different): 5831 S.W. 76 Street, Miami, Florida 33143
4. Date of incorporation/qualification: 9/18/2003 Document number: P030000102867
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)

Paulette Vargas

4811 S.W. 74th Terrace

Miami, Florida 33143

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

Stephanie Freshman

5831 S.W. 76 Street

P.O. Box NOT acceptable

Miami, Florida 33143

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TALLAHASSEE, FLORIDA

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

Stephanie Freshman
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

December 1, 2011
Date

If signing on behalf of an entity:

Stephanie Thomas Freshman
Typed or Printed Name

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