P0300110873

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



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10/16/03--01058--014 **35.00

03 OCT 16 PM 1: 44

Office Use Only

Ps 10/20/03

TRANSMITTAL LETTER

Division of Co	rporations				
SUBJECT:	Natas Ente	erprises, I	Inc.		
Sobolic I		(Name of corp	poration)		
DOCUMENT NUMB	ER: P0300	00110873			
The enclosed Statemen	t of Change of Regist	ered Office/Agen	nt and fee are	submitted for filing.	
Please return all corres	oondence concerning	this matter to the	following:		
	Merce	ede g R. Mor			
	· · · · · · ·	(Name of pe	erson)		
	Natas E	Enterprises	s, Inc.		
		(Name of firm/c			_
	838 Sky I	Lake Circle			
		(Address	s)		
	Orlando, E	Florida 328		-	
		(City/state and a	zip code)		
For further information	concerning this matt	er, please call:			
Mercedes R.	Morev		at (40)	7 \ 739-5917	
	(Name of person)		at ((Ar	7) 739–5917 ea code & daytime telephone nu	mber)
Enclosed is a \$35.00 cl	neck made payable to	the Department of	of State.		
<u>Mailing A</u>	ddress:		<u>s</u>	Street Address: Amendment Section	
Amendmer Division of	t Section Corporations		7 1	Amendment Section Division of Corporations	
P.O. Box 6	327 - FL 32314		<u>4</u>	Division of Corporations 109 E. Gaines Street Fallahassee, FL 32399	

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

		0502, 607.1508, or 617.1508, Florida Statutes	•
	tted for a corporation organized unde istered office or registered <u>ag</u> ent, or t	· - · - · -	in order
to change us reg	mered office or regmered agent, or	voin, in the Siate of Piorial.	
1. The name of the	he corporation: Natas Enter	prises, Inc.	
2. The principal	office address: 838 Sky Lak	ke Circle Apt A	
	Orlando, FI	32809	
3. The mailing a	ddress (if different):		
4. Date of incorp	oration/qualification: 10-13-20	003 Document number: P0300011	0873
	street address of the current registere tment of State:	ed agent and registered office on file with the	
	Mauricio A.	Ramirez	
	3208 S. St L	ucie Dr.	
	Casselberry	FL 32707	203
6. The name and (if changed):	street address of the new registered a	agent (if changed) and /or registered office	03 OCT 16 PM 1: 44 ALLANASSEE FLORI
	Mercedes R.	Morey	_E_ P 17
	838 Sky Lake	Circle Apt A	FLO
	(P.O. Box or person	nal mailbox NOT acceptable)	
	Orlando, FL	32809	>
The street addre	ss of its registered office and the streidentical.	eet address of the business office of its regis	tered agent, as
Such change wa the board, or the	s authorized by resolution duly adop corporation has been notified in wr	pted by its board of directors or by an office riting of the change.	r so authorized by
RAMONL	gnature of an officer or director)	Ramon Ledezma (Printed or typed name and	· inter
I hereby accept i I further agree to duties, and I am being filed mere		t and agree to act in this capacity. statutes relative to the proper and complete p tion of my position as registered agent. Or, red office address, I hereby confirm that the	
1 A March	4		4
100	Signature of Registered Agent)	(Date)	
If signing on bel	nalf of an entity:		
Mercedes	R. Morey (Typed or Printed Name)	Register Agent (Capacity)	
	(-) pag or i imme rame)	(Capacity)	

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