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RA-Change C.COULLIETTE

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EXAMINER

COVER LETTER ,

TO: Amendment Division of G	Section Corporations	·			
SUBJECT:	QUIRCH FOODS S	SOUTHEAST, INC.			
DOCUMENT NUM	1BER: PC	3000134822			
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:					
	3	U			
	LUIS	A. ESPINO			
	Name of	Contact Person			
FOWLER RODRIGUEZ VALDES-FAULI					
	Firm	/Company			
_		CIRCLE, SUITE 801			
	,	dudiess			
		 DI ÉO EL 00404			
CORAL GABLES, FL 33134 City/State and Zip Code					
	,	,			
			• • •		
E-mail address: (to be used for future annual report notification)					
For further informat	ion concerning this matter, plea	se call:			
11	UIS A. ESPINO	786)	364-8445		
	e of Contact Person	at (700) Area Code & Daytime			
Enclosed is a \$35.00 check made payable to the Department of State.					
	F-V	• •			
	Mailing Address: Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address: Amendment Section Division of Corpor Clifton Building 2661 Executive C Tallahassee, FL 3	enter Circle		
		i alianassee, fl 3.	4301		

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

statement of change is sub	s of sections 607.0502, 617.0502, bmitted for a corporation organiz ge its registered office or register	ed under the laws of the State (f Florida
1. The name of the corpor	ration: QUIRCH FOODS	SOUTHEAST, INC.	
2. The principal office add	dress: 7600 N.W. 82ND PLA	ACE, MIAMI, FL 33166	· ···
3. The mailing address (if	different): P.O. BOX 66-925	50, MIAMI, FL 33166	
4. Date of incorporation/q	qualification: 11/18/2003	Document number:	P03000134822
	dress of the current registered age State: (If resigned, enter resigned		with the
ALISO	N W. MILLER		*****
2200 N	MUSEUM TOWER, 150 W	EST FLAGLER STREET	A S
MIAMI	, FL 33130		O MAR
6. The name and street ad (if changed):	dress of the new registered agent	(if changed) and /or registered	
LUIS A	A. ESPINO III, ESQ., P. A.	·	7 7 J
355 AL	LHAMBRA CIRCLE, SUITE		7.7 TO
CORA	L GABLES, FL 33134	•	
The street address of its as changed will be ident	registered office and the street a	address of the business office of	of its registered agent,
Such change was author authorized by the board.	ived by resolution duly adopted or the corporation has been not	by its board of directors or by ified in writing of the change.	an officer so
Signalate of an office	cer or director	Guillarno Quirch I	II Secretary
I hereby accept the applo I further agree to comply of my duties, and I am fa document is being filed r corporation has been no	ointment as registered agent and y with the provisions of all statu amiliar with and accept the obligmerely to reflect a change in the otified in writing of this change.	l agree to act in this capacity, tes relative to the proper and gation of my position as regist registered office address, I h	complete performance ered agent. Or, if this ereby confirm that the
Signature of Re	enictered Agent	3 /8/10	
If signing on behalf of a		Sinc	
LUIS A. Typed or Prin	ESPINO nted Name		

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

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