P0400006552

(Re	equestor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	ry/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	me)
(Do	cument Number)	
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10/18/06--01018--011 **35.00





COVER LETTER

TO: Amendment Section Division of Corporations	
SUBJECT: SURE DEVELOPMENT CORP. (Name of Corporation)	
DOCUMENT NUMBER: P04000006552	
The enclosed Statement of Change of Registered Office/Agent and fee are su	bmitted for filing.
Please return all correspondence concerning this matter to the following:	
SERGIO RUBALCABA (Name of Contact Person)	
SURE DEVELOPMENT CORP. (Firm/Company)	
<u></u>	2 57
HIALEAH, FL 33016	
(City/State and Zip Code)	
For further information concerning this matter, please call:	
(Name of Contact Person) (Name of Contact Person) (Area Code & I	768-5575
(Alea Code & L	zayume reiephone 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

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

statement of cha	provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this ange is submitted for a corporation organized under the laws of the State of FLORIDA er to change its registered office or registered agent, or both, in the State of Florida.
	the corporation: SURE DEVELOPMENT CORP.
	office address: 2201 W. 52 STREET, #112
3. The mailing a	address (if different):
4. Date of incor	poration/qualification: 01/07/2004 Document number: P04000006552
	d street address of the current registered agent and registered office on file with the rtment of State:
	SERGIO RUBALCABA
	1136 NW 125 PLACE
	MIAMI, FL 33182
6. The name and (if changed):	d street address of the new registered agent (if changed) and /or registered office SERGIO RUBALCABA
	>200
	(P.O. Box NOT acceptable) (P.O. Box NOT acceptable) (P.O. Box NOT acceptable)
	HIALEAH, FL 33016
The street address changed will	ess of its registered office and the street address of the business office of its registered fagenties be identical.
Such change of authorized by the	as authorized by resolution duly adopted by its board of directors or by an officer so he board or the corporation has been notified in writing of the change.
(Signate	SERGIO RUBAL CABA (Printed or typed name and title)
, , ,	the appointment as registered agent and agree to act in this capacity. to comply with the provisions of all statutes relative to the proper and complete performance ad I am familiar with and accept the obligation of my position as registered agent. Or, if this ing filed merely to reflect a change in the registered office address, I hereby confirm that the s been notified in writing of this change.
	10/12/2006
(Si _l	gnature of Registered Agent) (Date)
If signing on be	half of an entity:
(I	Typed or Printed Name)
	* * * FILING FEE: \$35.00 * * *

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