P04000044570

(Requestor's Name) ESTEFANO & ASSOCIATES, P.A. 9200 S. Dadeland Boulevard, Suite 204 Miami, Florida 33156 (City/State/Zip/Phone #) PICK-UP MAIL (Business Entity Name) (Document Number) Certified Copies _ Certificates of Status Special Instructions to Filing Officer:

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COVER LETTER

TO: Amendment Section Division of Corporations
SUBJECT: Villa Josefa, Inc. (Name of Corporation)
DOCUMENT NUMBER: P04000044570
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:
Nick Felzen, Esq. (Name of Contact Person)
Estefano & Associates, P.A. (Firm/Company)
9200 South Dadeland Blvd, Suite 204 (Address)
Miami, FL 33156 (City/State and Zip Code)
For further information concerning this matter, please call:
Nick Felzen, Esq. at (305) 670-1310
(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

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

statement of cha	provisions of sections 607.0302, 617.0302, 607.1308, or 617.1308, Florida Statutes, this inge is submitted for a corporation organized under the laws of the State of Florida ir to change its registered office or registered agent, or both, in the State of Florida.
1. The name of	the corporation: Villa Josefa, Inc.
2. The principal	office address: 16139 SW 68 Terr., Miami, FL 33193
3. The mailing a	address (if different):
4. Date of incorp	poration/qualification: 3/10/2004 Document number: P04000044570
	I street address of the current registered agent and registered office on file with the tment of State:
	Jimmy Arocha
	1185 NW 128 Ave.
	Miami, FL 33182
6. The name and (if changed):	Miami, FL 33182 I street address of the new registered agent (if changed) and /or registered office
	Estefano & Associates, P.A.
	9200 South Dadeland Blvd, Suite 204
	(P.O. Box NOT acceptable) Miami, FL 33156
The street addre	ess of its registered office and the street address of the business office of its registered agent, be identical.
Such change wa	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.
	Director
I hereby accept I further agree to of my duties, on document is bai corporation ha	the appointment as registered agent and agree to act in this capacity. The appointment as registered agent and agree to act in this capacity. The comply with the provisions of all statutes relative to the proper and complete performance of I am familiar with and ageopt the obligation of my position as registered agent. Or, if this and filled merely to perfect a offunge in the registered office address, I hereby confirm that the been position in pritting of this change. August 8 2006 (Date) half of an entity:
	o for Estefano & Associates, P.A.
(T	Vined or Printed Nome)

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