(Re	equestor's Name)	
	1-1	
(Ac	ldress)	
(Ac	dress)	
	(n) (n)	
(Ci	ty/State/Zip/Phone	<i>⇒</i> #)
PICK-UP	☐ WAIT	☐ MAIL
<u>—</u>	_	<b>—</b>
/D:	isiness Entity Nan	
(Du	isiliess ⊏illity ivali	ie)
(D)		
ξ DC	ocument Number)	
Certified Copies	Certificates	of Statue
Oeruned Copies	_ Celulicates	or Status
Special Instructions to	Filing Officer:	
	Office Use Onl	V



000048409300

03/24/05--01051--004 \*\*35.00

R.A. Change

T BROWN MAR 3 1 2005

## **COVER LETTER**

TO: Amendment Section Division of Corporations	
SUBJECT: CUMBALA SPORTS PUB, INC.  (Name of corporation)	
DOCUMENT NUMBER: P04000091867	
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:	
Libuis D. FAJARDO	
LUIS (Name of contact person)	
CUMBALA SPORTS PUB, INC.	-
(Firm/Company)	
6531 SUNSET STRIP, SUITE # 1 (Address)	
SUNRISE, FL 33313	
(City/state and zip code)	
For further information concerning this matter, please call:	
U (S LOUIS D. FAJARDO at (954 ) 303-0681	
(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  409 E. Gaines Street  Tallahassee, FL 32399	

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

statement of cha	nge is submitted for a corporation or	.0502, 607.1508, or 617.1508, Florida Statutes, in series of FLORIDA regarded under the laws of the State of FLORIDA registered agent, or both, in the State of Florida.			
1. The name of t	the corporation; CUMBALA SPORTS	S PUB, INC.			
	2. The principal office address: 6531 SUNSET STRIP, SUITE # 1, SUNRISE, FL 33313				
3. The mailing a					
4. Date of incorp	poration/qualification: 06/14/2004	Document number: P04000091867			
5. The name and		ed agent and registered office on file with the			
	EDUARDO ARGUETA				
	4480 NW 61 STREET		SEE SEE		
	FORT LAUDERDALE, FL 3331P		第2		
(if changed):	LUIS LOUIS D. FAJARDO  6531 SUNSET STRIP, SUITE #1, (P.O. Box NOT accept		OS HAR 24 PH OF STATE A		
The street addre	ess of its registered office and the st be identical.	reet address of the business office of its registe	red agent,		
Such change was authorized by the	as authorized by resolution duly add to board, or the corporation has bee	opted by its board of directors or by an officer son notified in writing of the change.	so		
LAS.	process director)	REINA A. AMAYA, TREASURER (Printed or typed name and title)	<u> </u>		
I hereby accept I further agree to of my duties, an document is bei	the appointment as registered ager	nt and agree to act in this capacity, statutes relative to the proper and complete po obligation of my position as registered agent, in the registered office address, I hereby confir	rrformance Or, if this m that the		
(1)	prature of Registered Agent)	(Date)	·		
If signing on be	shalf of an entity:				
(7	Typed or Printed Name)				

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