## P04000166286

| (Re                     | equestor's Name)   |              |
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| (Cit                    | ty/State/Zip/Phone | · #)         |
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| PICK-UP                 | ☐ WAIT             | MAIL         |
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| Certified Copies        | _ Certificates     | of Status    |
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| Special Instructions to | Eiling Officer     |              |
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## **COVER LETTER**

| TO:     | Amendment Section<br>Division of Corporations |                                |  |                                   |  |  |  |
|---------|---|--------------------------------|--|-----------------------------------|--|--|--|
| SUBJI   | ECT:  | CLASSIC CLUI<br>Name of Corp   | B,INC.                                   |                                   |  |  |  |
| DOCU    | JMENT NUMBER:                                 | P0400                          | 0166286                                  |                                   |  |  |  |
| The en  | closed Statement of Change                    | of Registered Office/A         | gent and fee are subn                    | nitted for filing.                |  |  |  |
| Please  | return all correspondence co                  | oncerning this matter to       | the following:                           |                                   |  |  |  |
|         | •   | _                              | _  |                                   |  |  |  |
|         |   | JOEL CAF                       | RNET                                     |                                   |  |  |  |
|         | -   | Name of Contac                 | ct Person                                |                                   |  |  |  |
|         |   |                                |  |                                   |  |  |  |
|         |   | CLASSIC CL                     |  |                                   |  |  |  |
|         |   | Firm/Comp                      | pany                                     |                                   |  |  |  |
|         |   |                                |  |                                   |  |  |  |
|         |   | 3838 WEST 16                   |  |                                   |  |  |  |
|         |   | Address                        | S  |                                   |  |  |  |
|         |   |                                |  |                                   |  |  |  |
|         |   | HIALEAH,FL                     |  |                                   |  |  |  |
|         | City/State and Zip Code                       |                                |  |                                   |  |  |  |
|         |   |                                |  |                                   |  |  |  |
|         | E-mail addres                                 | s: (to be used for futu        | re annual report not                     | ification)                        |  |  |  |
|         |   |                                |  |                                   |  |  |  |
| For fur | ther information concerning                   | this matter, please call       | <b>:</b>                                 |                                   |  |  |  |
|         | JOEL CARN                                     | ET .                           | at (305)                                 | 360-2341                          |  |  |  |
|         | Name of Contact P                             | erson                          | Area Code & Day                          | 360-2341<br>time Telephone Number |  |  |  |
| Enclos  | ed is a \$35.00 check made p                  | payable to the Departme        | nt of State.                             |                                   |  |  |  |
|         | Division                                      | ent Section<br>of Corporations | Street Address Amendment S Division of C | Section<br>Corporations           |  |  |  |
|         | P.O. Box                                      | ee, FL 32314                   | Clifton Build                            | ıng<br>ve Center Circle           |  |  |  |
|         | i alialiass                                   | , I'L 32317                    | Tallahassee                              |                                   |  |  |  |

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

| -   | provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Stange is submitted for a corporation organized under the laws of the State of $\overline{F}$  |  |
|---|--|--|
|   | er to change its registered office or registered agent, or both, in the State of Flo   |  |
| 1. The name of the  | the corporation: CLASSIC CLUB, INC.  |  |
| 2. The principal  | office address: 3838 WEST 16 AVENUE HIALEAH, FL 33012  |  |
|   | 0000 MEOT 40 AVENUE THAT EATH EL 0004  |  |
| 3. The mailing ac   | address (if different): 3838 WEST 16 AVENUE HIALEAH, FL 3301   | 2  |
| 4. Date of incorp   | poration/qualification: 12/10/2004 Document number: PC   | )4000166286  |
|   | d street address of the current registered agent and registered office on file with<br>rtment of State: (If resigned, enter resigned)  | 9  |
|   | ORLANDO AVELLANEDA   | 99   |
|   | 3838 WEST 16 AVENUE  | 2  |
|   | HIALEAH, FL 33012  | 30 g (3) g (4) g ( |
| 6. The name and (if changed):   | d street address of the new registered agent (if changed) and /or registered offic   | OS NON 30 PH 12: 21  |
|   | JOEL CARDET  | ซ  |
|   | 3838 WEST 16 AVENUE  |  |
|   | P.O. Box NOT acceptable  |  |
|   | HIALEAH, FL 33012  |  |
| The street address as changed will  | ess of its registered office and the street address of the business office of its be identical.  | registered agent,  |
| Such change was<br>authorized by the  | as authorized by resolution duly adopted by its board of directors or by an one board, or the corporation has been notified in writing of the change.  | officer so   |
| V Joel<br>Signature   | Total CARDET  re of an officer or director  Total CARDET  Printed or typed name and title  | (ENCORP.)  |
| I haveby accept a<br>I further agree to<br>of my duties, and<br>document is bein<br>corporation has | 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 compad I am familiar with and accept the obligation of my position as registered ing filed merely to reflect a change in the registered office address, I hereby is been notified in writing of this change. |  |
| y Sign  | mature of Registered Agent   1/19/09'  |  |
| If signing on bel   | chalf of an entity:  |  |
| Ту  | yped or Printed Name   |  |

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