POSCOC	x18968
Poblano Mercican Restamant 17635 EW 83°d Chut Miruni Florida 33157	300061558473
(City/State/Zip/Phone #)	11/21/0501025011 **105.00
Special Instructions to Filing Officer:	-
Office Use Only	FILED 05 NOV 24 PH 3 38 TALLAHASSEE FLORIDA

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

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of $\pm \sqrt{6}$ in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation:	Poblano Muxican Restaurant Inc.
2. The principal office address:	5850 B Sunset Drive
<u></u>	South Miami Fl 33133
3. The mailing address (if different):	29290 500 193 Are
	Honiestead F1 33030
4. Date of incorporation/qualification:	2/3/05 Document number: P05000018968

5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:

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Homes	lead	Flori	ida	33030	

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

Eduardo rona P.O. Box NOT acceptable) ami

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

w Eduardo errones Signature of an officer or director) Printed or typed name

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.

If signing on behalf of an entity:

(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 CR2E045 (8/05)