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DIVISION OF CORPORATIONS

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COVER LETTER

TO: Amendment Section Division of Corporations				
SUBJECT: Alejandro Ingelmo, Inc.				
(Name of Co	rporation)			
DOCUMENT NUMBER: P05000068075				
The enclosed Statement of Change of Registered Office/	Agent and fee are submitted for filing.			
Please return all correspondence concerning this matter to	to the following:			
,	S			
Gabriel Gonzalez				
(Name of Cont	act Person)			
Sanchelima & Associates, P.A.				
(Firm/Company)				
235 S.W. LeJeune Road				
(Address)				
Miami, FL 33134				
(City/State and Zip Code)				
For further information concerning this matter, please call:				
Gabriel Gonzalez	at (305) 447-1617			
(Name of Contact Person)	at (305) 447-1617 (Area Code & Daytime Telephone Number)			
Enclosed is a \$35.00 check made payable to the Department of State.				
Mailing Address: Amendment Section	Street Address: Amendment Section			
Division of Corporations	Division of Corporations			
P.O. Box 6327	Clifton Building			
Tallahassee, FL 32314	2661 Executive Center Circle Tallahassee, FL 32301			



March 4, 2008

GABRIEL GONZALEZ SANCHELIMA & ASSOCIATES, P.A. 235 S.W. LEJEUNE ROAD MIAMI, FL 33134

SUBJECT: ALEJANDRO INGELMO, INC.

Ref. Number: P05000068075

We have received your document for ALEJANDRO INGELMO, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6964.

Irene Albritton Regulatory Specialist II

Letter Number: 908A00013377

SECRETARY OF STATE
TALLAHASSEE.FLORIOA

2008 MAR IL AM 8: 00

KECEINED

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

1. The name of the corporation: Alejandro Ingelmo, Inc. 2. The principal office address: 2337 NW 5th Avenue 3. The mailing address (if different): 4. Date of incorporation/qualification: 05/10/2005 Document number: P05000068075 5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: Alejandro Ingelmo 2337 NW 5th Avenue Miami, FL 33127 6. The name and street address of the new registered agent (if changed) and /or registered office (if changed): Sanchelima & Associates, P.A. 235 S.W. LeJeune Road (P.O. Box NOT acceptable) Miami, FL 33134 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 of the corporation has been notified in writing of the change. Cristobal Ingelmo, Jr. Cristobal Ingelmo, Jr. Cristobal proportion are registered agent. Or, if this compacity, I there agree to comply with the provisions of all statutes relative to the proper and complete performance of my addition are registered agent. Or, if this	statement of char	provisions of sections 607.0592, 61 $^{\circ}$ 7.0502, 607.150 inge is submitted for a corporation organized under or to change its registered office or registered agent	r the laws of the State of Florid	<u>la</u>
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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	Signatu	• = <u></u>		
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.	I hereby accept I further agree to of my duties, and document is bein corporation has	the appointment as registered agent and agree to to comply with the provisions of all statutes relati an familiar with and accept the obligation of ing filed merely to reflect a change in the register is been notified in writing of this change.	o act in this capacity. ive to the proper and complete proper and complete proper and complete properties and complete properties. I hereby considerable conside	performance nt. Or, if this firm that the
(Signature of Regristered Agent)	(Sig	gnature of Registered Agent)	2007 03/10/20	<u>208</u>
If signing on behalf of an entity:				
Sanchelima & Associates, P.A. (Typed or Printed Name)				

Make checks payable to Florida Department of State Mail to: Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

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