## P05000097732

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(Address)
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(Address)
(City (City 177) JDL
(City/State/Zip/Phone #)
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Change

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SECRETARY OF STATE
ALLAHASSEF FINANCE

10/27/lc

## **COVER LETTER**

TO: Amendment Section Division of Corporations

SUBJECT: PLTYATE PACKAGE STORE CORPORATION (Name of Corporation)

DOCUMENT NUMBER: D5100097733

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:

LEONAL HECTOR (Name of Contact Person)

LATIN QUARTER LIQUOR STORE
(Firm/Company)

435 DW 13 AVE # J 4 K
(Address)

HTAMI FL 33138
(City/State and Zip Code)

For further information concerning this matter, please call:

LEONAL HECTOR (Name of Contact Person)

at (305 SUD - 8999)
(Name of Contact Person)

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

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 FLORTDA in order to change its registered office or registered agent, or both, in the State of Florida.
2. The name of the corporation: PRIVATE PACKAGE STORE CORPORATION 2. The principal office address: 435 NW 13 AVE JAK MIAMI, FC  33138
3. The mailing address (if different): SAME AS ABOVE
4. Date of incorporation/qualification:
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:
LEONARDO HECTOR
2871 5W 133 AVE
MIAMI, FL 33175 SE S
5. The name and street address of the new registered agent (if changed) and /or registered office (if changed):
LEONARDO HECTOR
425 DW 12 AVE (P.O. BOX NOT acceptable)  MIAMI, FL 33128
The street address of its registered office and the street address of the business office of its registered agent, is 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.
LEOUALD HECTOR, PRESTDENT (Signature or an othicer or director)
hereby accept the appointment as registered agent and agree to act in this capacity. 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 comparation has been notified in writing of this change.
Signature of Registered Agent) 10/17/05 (Signature of Registered Agent)
f signing on behalf of an entity:
(EONAL) HECTOL (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 \* \* \*