

P05000101431

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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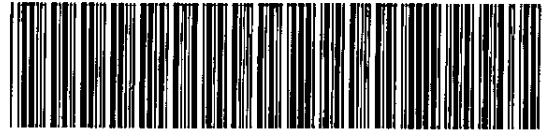
(Business Entity Name)

(Document Number)

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05 OCT 11 AM 10:00  
CLERK OF STATE  
TALLAHASSEE, FLORIDA

RALCHG  
Ta 10.11.05



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood  
Secretary of State

September 23, 2005

EWERTON ELMANO DE OLIVIERA  
MR. FONDUE, INC.  
9968 MOSS POND DR.  
BOCA RATON, FL 33496

SUBJECT: MR. FONDUE, INC.  
Ref. Number: P05000101431

We have received your document for MR. FONDUE, 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.

Presently it is unclear as to whether or not the signature above the acceptance was intended to be the signature of the new registered agent.

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  
Document Specialist

Letter Number: 605A00058348

## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** MR. FONDUE, INC.

(Name of corporation)

**DOCUMENT NUMBER:** P05000101431

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:

Ewerton Elmano de Oliveira

(Name of contact person)

MR. FONDUE, INC.

(Firm/Company)

9968 MOSS POND DR.

(Address)

Boca Raton, FL 33496

(City/state and zip code)

For further information concerning this matter, please call:

Ewerton Elmano de Oliveira

(Name of contact person)

at ( 754 )

366 - 0182

(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

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SECRETARY OF STATE  
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 Florida in order to change its registered office or registered agent, or both, in the State of Florida.*

1. The name of the corporation: MR. FONDUE, INC.
2. The principal office address: 9968 MOSS POND DR. Boca Raton, FL 33496
3. The mailing address (if different): \_\_\_\_\_

4. Date of incorporation/qualification: 07/20/2005 Document number: P05000101431

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

Lucia H. Rodrigues

9968 MOSS POND DR. BOCA RATON FL 33496 US

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

Ewerton Elmano de Oliveira

9968 MOSS POND DR. BOCA RATON FL 33496 US

(P.O. Box NOT acceptable)

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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.

  
(Signature of an officer or director)

Ewerton Elmano de Oliveira - President

(Printed or typed name and title)

*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.*

  
(Signature of Registered Agent)

09/07.2005

(Date)

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