## 00113678

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## **LAZARUS**

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(Corporation Name)

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Rick up time 2.06

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Office Use Only CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known): (Document #) (Document #) (Document #) (Document #) Certified Copy Certificate of Status Photocopy **AMENDMENTS** Amendment Resignation of R.A., Officer/Director Change of Registered Agent Dissolution/Withdrawal Merger REGISTRATION/QUALIFICATION Foreign Limited Partnership Reinstatement Trademark Other

Examiner's Initials

CR2E031(7/97)

Walk in

Mail out

NEW FILINGS

Profit

Other

Not for Profit Limited Liability

Domestication

Annual Report

Fictitious Name

OTHER FILINGS

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

statement of char	nge is submitted	tions 607.0502, 617.0502 for a corporation organi gistered office or registe	lzed under the law.	s of the State o	of FLORIDA	<del></del>
1. The name of the	ne corporation:_	CARTUNES PLUS IN	<u> </u>			
2. The principal of	office address:	1252 WEST 44TH PL	ACĘ	*· <u>=</u> <u>.</u>		-ba
		HIALEAH FL 33012	2	\$* <u> </u>		
3. The mailing ac	ldress (if differe	nt):			<u> </u>	
			25 Same	<u>*</u>	<u> </u>	
4. Date of incorp	oration/qualifica	tion: 08/15/2005	Document nu	ımber: P050	00113678	·
5. The name and Florida Depart		the current registered ag	gent and registered	office on file	with the	
	ALEJAN	DRO BAEZ	· <u></u>		TAL 20	
	1252 W	44TH PLACE	<u> </u>		CRE CAH	77
	HIALEA	H FL 33012	-		2007 SEP 12 SECRETARY ALLAHASSEI	FILE
6. The name and (if changed):	CETY J 1252 W	MARINO  44TH PLACE  (PO Box NOT acceptable)		or registered	PH 2: 02	Ö
•	HIALE,	AH FL 33012	<u> </u>	· ·	<u></u>	
The street address as changed will	s of its register	ed office and the street a	address of the bus	iness office o	f its registered	agent,
Such change was		resolution duly adopted corporation has been no	by its board of ditified in writing of	rectors or by fine change.	an officer so	
Thereby accept to a further agree to of my duties, and document is bein corporation has	he appointment o comply with th I am familiar i og filed merely t	as registered agent and provisions of all state with and accept the oblic oreflect a change in the writing of this change.	d agree to act in ti tes relative to the gation of my posi registered office	his capacity, proper and c tion as registe address, I he BER 07/200	complete perfoi ered agent. Or rreby confirm ti	mance if this hat the
i				(Date)		
If signing on beh	-					
CETY J MAI	RINO ped or Printed Name	<u> </u>	e man the est	1 to 1	·	<u> </u>