05000158843

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G. Coulliette MAR 2 7 2006

COVER LETTER

TO: Amendment Section Division of Corporations				
SUBJECT: Supermercado Latino Inc. (Name of Corporation)				
DOCUMENT NUMBER: P05000158843	· · · · · · · · · · · · · · · · · · ·			
The enclosed Statement of Change of Registered Office/Agent a	and fee are submitted for filing.			
Please return all correspondence concerning this matter to the following:				
Samuel Vazquez (Name of Contact Personnel Contac	son)			
Supermercado Latino Inc. (Firm/Company)				
300 Palm Coast Pkwy.S.W. Ste #1 (Address)				
Palm Coast, FI 32137 (City/State and Zip Code)				
For further information concerning this matter, please call:				
Samuel Vazquez at (3 (A	86) 986-4141 trea 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 Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301			

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

statement of cha	provisions of sections 607.0502, 617.050 ange is submitted for a corporation organ	nized under the laws of the State of FIC	orida
	r to change its registered office or regist		taa.
	the corporation: Supermercado Latin		
2. The principal	office address: 300 Palm Coast Pkw	ry.S.W. Ste #1	
	Palm Coast, FI 32	137	
3. The mailing a	ddress (if different):		
4. Date of incor	poration/qualification: 01/01/06	Document number: P0500015	58843
	d street address of the current registered a trment of State:	agent and registered office on file with the	he
	Samuel Vazquez		
	300 Palm Coast Pkwy.S.V	V. Ste #1	7× 28
	Palm Coast, Fl 32137	· · · · · · · · · · · · · · · · · · ·	
6. The name and (if changed):	d street address of the new registered age	ant (if changed) and /or registered office	mi≺ m
	Samuel A. Vazquez		PH 3: OF STA
	300 Palm Coast Pkwy.S.V		75.55 S
	(P.O. Box NOT acceptable	5)	•
	Palm Coast, Fl 32137		
The street addr as changed will	ess of its registered office and the stree l be identical.	t address of the business office of its re	egistered agent,
Such change w authorized by t	as authorized by resolution duly adopte he board, or the corporation has been n	ed by its board of directors or by an of otified in writing of the change.	ficer so
(Signal	ure of an ornicer of director)	Samuel Vazquez Preside	
I further agrée of my duties, ar document is be	the appointment as registered agent a to comply with the provisions of all sta and I am familiar with and accept the ob ing filed merely to reflect a change in t s been notified in writing of this chang	tutes relative to the proper and compl ligation of my position as registered a he registered office address. I hereby t	ete performance igent. Or, if this confirm that the
(un	EYuna	3/14/06	
/ (5	gnature of degistered Agent)	(Date)	
If signing on bo	chalf of an entity:		
Samuel A.	Vazquez		
	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)