## PO(200000 4678

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(Address)
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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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08 JUL I 7 AMII: 52 SECRETARY OF STATE ALLAHASSEE, FLORIDA

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Thing (2)

## **COVER LETTER**

TO: Amendment Section Division of Corporations				
SUBJECT: El Sabor Cubano, Inc. (Name of Corpo	ration)			
(·······	,			
DOCUMENT NUMBER: P06000004678	, <u>.</u>			
The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.				
Please return all correspondence concerning this matter to the	he following:			
Jose E Torres				
(Name of Contact Person)				
El Sabor Cubano, Inc.				
(Firm/Compa				
1494 Fairway Oak	s Drive			
(Address)				
, ,				
One of the same of 100707 5440				
Casselberry, FL 32707-5140 (City/State and Zip Code)				
` • • • • •				
For further information concerning this matter, please call:				
Jose E. Torres	∠ 407 × 760-1355			
(Name of Contact Person)	(407) 760-1355 (Area Code & Daytime Telephone Number)			
(	( not cold to bujumo receptions rumber)			
Enclosed is a \$35.00 check made payable to the Department of State.				
M. 11	6			
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

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

	provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Stat			
•	inge is submitted for a corporation organized under the laws of the State of <u>Flo</u> er to change its registered office or registered agent, or both, in the State of Flor		-	
1 771	the corporation: El Sabor Cubano, Inc.			
	·	<del></del>		_
2. The principal	office address: 1111 Amber Rd, Orlando, FL 32807			
3. The mailing a	address (if different): 1494 Fairway Oaks Drive			
Casselberrry	, FL 32707-5140			
4. Date of incor	poration/qualification: 01/09/2006 Document number: P06000004	678		
	d street address of the current registered agent and registered office on file with the timent of State:	he		
	Hernan Pineda			
	10167 Shadow Creek Drive	<b>₹</b> 8	80	
	Orlando, FL 32832	CREI	08 JUL 17	_
6. The name and (if changed):	d street address of the new registered agent (if changed) and /or registered office	CRETARY OF STAFE LAHASSEE, FLORIDA	17 AMII:	, הרבי הרבי
	Jose E torres	E SE	=:5	
	1494 Fairway Oaks Drive		25	
	(P.O. Box NOT acceptable)			
	Casselberrry, FL 32707-5140			
The street addreas changed will	ess of its registered office and the street address of the business office of its reliberation.	egistered ager	ıt,	
Such change was authorized by the	as authorized by resolution duly adopted by its board of directors or by an off the board, or the corporation has been notified in writing of the change.	ficer so		
	Jose E Torres			
	ure of air officer or director) (Printed or typed name and title)		-	
I hereby accept I further agree of my duties, an document is bei corporation has	he appointment as registered agent and agree to act in this capacity, to comply with the provisions of all statutes relative to the proper and completed I am familiar with and accept the obligation of my position as registered a ing filed merely to reflect a change in the registered office address, I hereby on the province in the complete in the registered office address. I hereby on the province in the complete in writing of the change.	ete performan gent. Or, if th confirm that th	ce iis ie	
	10 11 07/14/2008		_	
(Si	(Date)			
If signing on <b>6</b>	chalf of Medical			
Hernan Pineo				
C	ped of Frinted Name)			

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