

PD60000034642

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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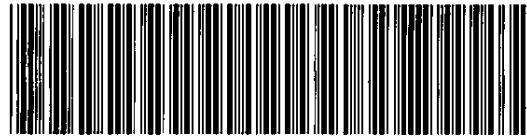
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

RA Charge
Theirs
9-29-10

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Y.F. Kitchen Cabinets, Inc.
Name of Corporation

DOCUMENT NUMBER: P06000034642

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:

LAZARO OLIVA
Name of Contact Person

Y.F. KITCHEN CABINETS, INC.
Firm/Company

P.O. BOX 133768
Address

HIALEAH, FLORIDA 33013
City/State and Zip Code

YFKITCHEN@YAHOO.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

LAZARO OLIVA at (786) 237-4850
Name of Contact Person 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
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301



FLORIDA DEPARTMENT OF STATE
Division of Corporations

June 23, 2010

LAZARO OLIVA
Y.F. KITCHEN CABINETS, INC.
P. O. BOX 133768
HIALEAH, FL 33013

SUBJECT: Y.F. KITCHEN CABINETS, INC.
Ref. Number: P06000034642

We have received your document for Y.F. KITCHEN CABINETS, INC. and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The above entity is a Florida corporation and the document and fee submitted are for a Florida limited liability company. The correct form is enclosed and an additional filing fee of \$10.00 is due.

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) 245-6905.

Thelma Lewis
Document Specialist Supervisor

Letter Number: 610A00015475

RECEIVED
10 SEP 27 AM 8:34
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

www.sunbiz.org

Division of Corporations - P.O. BOX 6327 - Tallahassee, Florida 32314

**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: Y.F. KITCHEN CABINETS, INC.
2. The principal office address: 461 W 28TH STREET, HIALEAH, FLORIDA 33010
3. The mailing address (if different): P.O. BOX 133768, HIALEAH, FLORIDA 33013
4. Date of incorporation/qualification: 03/08/2006 Document number: P06000034642
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

ALL FLORIDA FIRM, INC.

813 DELTONA BLVD., SUITE A

DELTONA, FL. 32725

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

LAZARO OLIVA

461 W 28TH STREET

P.O. Box NOT acceptable

HIALEAH, FLORIDA 33010

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]
Signature of an officer or director

LAZARO OLIVA, 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]
Signature of Registered Agent

08/10/2010
Date

If signing on behalf of an entity:

LAZARO OLIVA
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)

FILED
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TALLAHASSEE, FLORIDA