

PO6000035772

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

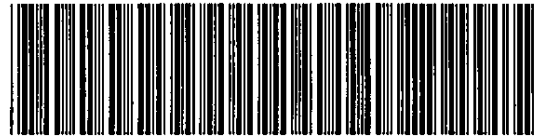
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
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Ray C. C. M.  
11-27-06

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** LETY'S RESTAURANT INC  
(Name of Corporation)

**DOCUMENT NUMBER:** P06000035772

The enclosed Articles of Correction and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

JUANA A MCANREW PEREZ  
(Name of Contact Person)

LETY'S RESTURANT INC  
(Firm/Company)

3196 NW 72ND AVE  
(Address)

MIAMI, FL 33122  
(City/State and Zip Code)

For further information concerning this matter, please call:

JUANA A MCANDREW PEREZ at ( 305 ) 718-9033  
(Name of Contact Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- |  |   |
|--|---|
| <input checked="" type="checkbox"/> \$35.00 Filing Fee       | <input type="checkbox"/> \$43.75 Filing Fee & Certificate of Status                 |
| <input type="checkbox"/> \$43.75 Filing Fee & Certified Copy | <input type="checkbox"/> \$52.50 Filing Fee, Certificate of Status & Certified Copy |

**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

November 8, 2006

JUANA MCANREW PEREZ  
3196 NW 72ND AVENUE  
MIAMI, FL 33122

SUBJECT: LETY'S RESTAURANT INC  
Ref. Number: P06000035772

We have received your document for LETY'S RESTAURANT 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):

Articles of Correction must be filed within 30 days of the file date of the document that is being corrected. As the time period for filing Articles of Correction has expired, an amendment to the articles of incorporation could be filed at this time.

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) 245-6916.

Carol Mustain  
Document Specialist

Letter Number: 106A00065898

**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: Lety's Restaurant Inc

2. The principal office address: 3196 NW 72ND AVE, Miami, FL 33122

3. The mailing address (if different): \_\_\_\_\_

4. Date of incorporation/qualification: 03/10/06 Document number: P0600003877

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

JUAN J CHIRINO

3196 NW 72ND AVE

MIAMI, FL 33122

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

JUANA A MCANDREW PEREZ


3196 NW 72ND AVE

(P.O. Box NOT acceptable)

MIAMI, FL 33122

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)

JUANA A MCANDREW PEREZ, 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)

11/14/2006  
(Date)

If signing on behalf of an entity:

Juana m cAndrew  
(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

FILED  
06 NOV 27 AM 9:45  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA