## D0000069894

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DIVISION OF CORPORATIONS

(52/28/07) PA/UD 1....

TO:

Amendment Section

## **COVER LETTER**

Division of Corporations
SUBJECT: C NUNEZ INVESTMENTS INC. (Name of Corporation)
DOCUMENT NUMBER: P06000069894
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:
MIRNA C NUNEZ
(Name of Contact Person)
CNUNEZ INVESTMENTS INC. (Firm/Company)
3611 W HILLSBOROUGH AVENUE (Address)
TAMPA, FL 33614 (City/State and Zip Code)
. ,
For further information concerning this matter, please call:
MIRNA C NUNEZ  (Name of Contact Person)  at (917) 337-1414  (Area Code & Daytime Telephone Number)
(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  Street Address:  Amendment Section

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

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 change i	s submitted for a corporation or	0502, 607.1508, or 617.1508, Florida Statutes, this ganized under the laws of the State of FLORIDA gistered agent, or both, in the State of Florida.	
1. The name of the co	orporation: CNUNEZ INVEST	MENTS INC.	
	e address: 3611 W HILLSBO		
3. The mailing address	ss (if different): SAME		
4. Date of incorporati	on/qualification: 5/17/06	Document number: P06000069894	
5. The name and stree Florida Departmen	•	ed agent and registered office on file with the	
220	E MADISON ST		
ST	E 825		
TA	MPA, FL 33602		2
6. The name and stree (if changed):	et address of the new registered	agent (if changed) and /or registered office	
MI	RNA C NUNEZ		
42	25 FLEEWELL CT		
VA	(P.O. Box NOT accep	table)	
		reet address of the business office of its registered agent,	
Such change was au authorized by the bo	thorized by resolution duly add	pted by its board of directors or by an officer so notified in writing of the change.	
(Signature of A	modicer or director	MIRNA C NUNEZ - PRESIDENT (Printed or typed name and title)	
I further agree to co of my duties, and I a document is being fi	mply with the provisions of all m familiar with and accept the	t and agree to act in this capacity. statutes relative to the proper and complete performance obligation of my position as registered agent. Or, if this in the registered office address, I hereby confirm that the nge.	
	ferm	2-2/-07	
(Signature	of Registered Agent	(Date)	
If signing on behalf	of an entity:		
MIRNA C NUN (Typed	EZ or Printed Name)		

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

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