P06000107796

(Requestor's Name)		
(Address)		
(Address)		
(City/State/Zip/Phone #)		
PICK-UP WAIT MAIL		
(Business Entity Name)		
(Document Number)		
Certified Copies Certificates of Status		
Special Instructions to Filing Officer:		





300115964983

02/04/08--01037--011 **35.00

08 FEB -4 PM 1: 10
SECRETARY OF STATE ALL AHASSEE, FLORID

DA Elang 2-6-08 De

COVER LETTER

January 31, 2008

TO: Amendment Section Division of Corporations

SUBJECT: ROSA LOVES, INC. Principal & Mailing Address Change

DOCUMENT #: P06000107796

Please update your records as the Principal and mailing address for Rosa Loves, Inc. have changed.

FORMER ADDRESS:

205 B Street, Apt. B St. Augustine, FL

NEW ADDRESS:

146 Nesmith Ave.

St. Augustine, FL 32084

For further information concerning this matter, please call:

MICHAEL FRETTO at (904) 471-8496

Sincerely,

Michael Fretto, Director

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

statement of cha	provisions of sections 607.0302, 617.0302, 607 inge is submitted for a corporation organized u er to change its registered office or registered a	der the laws of the State of FLORIDA
1. The name of	the corporation: ROSA LOVES, INC.	
	office address: 146 NESMITH AVE., ST. A	UGUSTINE, FL 32084
3. The mailing a	address (if different):	
4. Date of incorp	poration/qualification; 08/18/2006	Pocument number: P06000107796
	I street address of the current registered agent artment of State:	d registered office on file with the
	MICHAEL FRETTO	
	205 B STREET, APT. B	
	ST. AUGUSTINE FL 32080 US	
6. The name and (if changed):	d street address of the new registered agent (if c	anged) and /or registered office RETA
	MICHAEL FRETTO	RRY OF T
	146 NESMITH AVE. (P.O. Box NOT acceptable)	ूर्व स M
	ST. AUGUSTINE, FL 32084	TATE OF THE PROPERTY OF THE PR
The street address changed will	ess of its registered office and the street addre- be identical.	s of the business office of its registered agent,
Such change wa authorized by the	as authorized by resolution duly adopted by it ne board, or the corporation has been notified	board of directors or by an officer so in writing of the change.
(Signat)	MIO	CHAEL FRETTO, PRESIDENT (Printed or typed name and title)
I hereby accept I further agree to of my duties, an document is bei corporation has	the appointment as registered agent and agre to comply with the provisions of all statutes re ad I am familiar with and accept the obligation ing filed merely to reflect a change in the regis s been notified in writing of this change.	e to act in this capacity. Lative to the proper and complete performance of my position as registered agent. Or, if this stered office address, I hereby confirm that the
(Sil	Surfur of Lygister Agent)	1/31/08 (Date)
If signing on be	half of an entity:	
	('yped or Printed Name)	
	* * * FILING FEE: \$3	5.00 * * *

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

COVER LETTER

TO: Amendment Section Division of Corporations SUBJECT: ROSA LOVES, INC. DOCUMENT NUMBER: P06000107796 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: MICHAEL FRETTO (Name of Contact Person) 146 NESMITH AVE. (Address) ST. AUGUSTINE, FL 32084 (City/State and Zip Code) For further information concerning this matter, please call: MICHAEL FRETTO (Name of Contact Person) Area Code & Daytime Telephone Number) Enclosed is a \$35.00 check made payable to the Department of State. <u>Street Address:</u> Amendment Section **Mailing Address:**

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