## P0600110989

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## MUROFF, MILESTONE AND MILESTONÉ ATTORNEYS AT LAW

NEIL A. MILESTONE JAN MILESTONE

MARCUS LEVY OF COUNSEL MELVIN 1. MUROFF (1917-1992) CONCORDE CENTRE II, SUITE 400 2999 NORTHEAST 191st STREET AVENTURA, FLORIDA 33180 TELEPHONE (305) 682-2324 BROWARD (954) 454-4522 MIAMI-DADE FAX (305) 682-2327 BROWARD FAX (954) 454-5408

September 7, 2006

Division of Corporations PO Box 6327 Tallahassee, FL 32314

RE:

Natasha Leratti, Inc.

Document No: P06000110989

Dear Sir/Madam:

Enclosed please find a Statement of Change of Registered Office or Registered Agent or Both for Corporations form for the above-referenced corporation.

Also, please find a check in the amount of \$35.00 for the filing fee.

Thank you for your anticipated cooperation.

Very truly yours,

NEIL A. MILESTONE, ESQ.

NAM:mt

Encls.

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

statement of cha	nge is submitted for a corporation organi	zed under the laws of the State of Florida red agent, or both, in the State of Florida.
1. The name of	the corporation: Natasha Leratti, Inc.	
2. The principal	office address: 6001 SW 70th Street,	Unit C-106, Miami, FL 33143
3. The mailing a	address (if different):	
4. Date of incor	poration/qualification: 8/24/2006	Document number: P06000110989
	d street address of the current registered agriment of State:	•
	UCC Filing & Search Service	s
	1574 Village Square, Ste. 1	<u>00</u>
	Tallahassee, FL 32309	SEE SEE
6. The name and (if changed):	d street address of the new registered agen	t (if changed) and /or registered office
	Natalia Kholiapina	
	6001 SW 70th Street, Unit	
	(P.O. Box NOT acceptable)  Miami, FL 33143	
	ess of its registered office and the street abe identical.	address of the business office of its registered agent,
Such change authorized by	as authorized by resolution duly adopted he beard, or the corporation has been no	by its board of directors or by an officer so tified in writing of the change.
M. CSignal	ure of an officer or director)	Natalia Kholiapina, Pres. (Printed or typed name and title)
I further agree of my duties, ar document is bei	the appointment as registered agent and to comply with the provisions of all statu ad I am familiar with and accept the obli ing filed merely to reflect a change in the s been notified in writing of this change.	d agree to act in this capacity. Ites relative to the proper and complete performance gation of my position as registered agent. Or, if this e registered office address. I hereby confirm that the
N.Cli	gnature of Registered Agent)	Sept- 2,2004
•	chalf of an entity:	
(	Typed or Printed Name)	
	* * * FILING FE	E: \$35.00 * * *

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