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| PICK-UP WAIT MAIL |
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| Certified Copies Certificates of Status |
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| Special Instructions to Filing Officer: |
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Office Use Only



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SECRETARY OF STATE
SECRETARY OF STATE

COVER LETTER

| TO: Amendment Section Division of Corporations |
|---|
| SUBJECT: Latinos Caseteria (Name of Corporation) DOCUMENT NUMBER: PO6000 1615 |
| 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: |
| Name of Contact Person) Actinos Capetaria Corporation (Firm/Company) |
| 16320 SE Huy 40 |
| Schner Springs, 4/34488 |
| (City/State and Zip/Code) |
| For further information concerning this matter, please call: |
| (Name of Contact Person) at (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

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 Staffes, this |
|--|
| statement of change is submitted for a corporation organized under the laws of the State of House |
| in order to change its registered office or registered agent, or both, in the State of Florida. |
| 1. The name of the corporation: Katerior Cafetoria Corp |
| 2. The principal office address: 163 ao Star HWY40 |
| Jelna Springs 41 34488 |
| 3. The mailing address (if different): 16320 55 HW 140 |
| July Dorman Il 24/188 |
| Para of Decapolital |
| 4. Bate of incorporation/qualification: Y=07-00 Document number: POODO 1740 |
| 5. The name and street address of the current registered agent and registered office on file with the |
| Florida Department of State: |
| Dagnie Genzalez |
| 17711 SE 29 Adho Road |
| |
| 6. The name and street address of the new registered agent (if changed) and /or registered office (if changed): |
| 6. The name and street address of the new registered agent (if changed) and /or registered office |
| |
| Darmi Lensola Fin E |
| Mayni Henzales |
| 16300-SE- thuy 70 |
| (P.O. Box NOT acceptable) |
| Julie Springs, 71 37400 |
| 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. |
| Ca S. I Va umi Gionzalez |
| (Signature of an officer or director) (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. |
| () (4-24-0) |
| (Date) |
| If signing on behalf of an entity: |
| Drumi Ganzaloz |
| (Typed or Printed Name) |

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