## 18600012395

| (Re                                     | equestor's Name)   |             |
|-----------------------------------------|--------------------|-------------|
| (Ac                                     | ldress)            |             |
| (Ac                                     | (dress)            |             |
| (Ci                                     | ty/State/Zip/Phon  | e #)        |
| PICK-UP                                 | ☐ WAIT             | MAIL        |
| (Bu                                     | isiness Entity Nar | me)         |
| (Do                                     | ocument Number)    |             |
| Certified Copies                        | _ Certificates     | s of Status |
| Special Instructions to Filing Officer: |                    |             |
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SECRETARY OF STATE
SECRETARY OF STATE

## **COVER LETTER**

Amendment Section Division of Corporations

TO:

|                   | JNCHES OF MIAMI & FORT LAI<br>(Name of Con | poration)                                                   |
|-------------------|--------------------------------------------|-------------------------------------------------------------|
| DOCUMENT I        | NUMBER: P06000123929                       |                                                             |
| The enclosed St   | atement of Change of Registered Office/A   | Agent and fee are submitted for filing.                     |
| Please return all | correspondence concerning this matter to   | the following:                                              |
|                   | R. MONTE                                   |                                                             |
|                   | (Name of Conta                             | ct Person)                                                  |
|                   |                                            |                                                             |
|                   | BUNCHES OF MIAMI & FORT L<br>(Firm/Com     |                                                             |
|                   | (2 11110 00111                             | pmy)                                                        |
|                   | 6005 STIRLING ROAD, PARADIS                | SE PROMENADE 157                                            |
|                   | (Addres                                    |                                                             |
|                   |                                            |                                                             |
|                   | DAVIE, FL 33314                            |                                                             |
|                   | (City/State and                            | Zip Code)                                                   |
| For further info  | rmation concerning this matter, please cal | t:                                                          |
| R. MONTE          |                                            | at ( 954 ) 467-3367                                         |
|                   | (Name of Contact Person)                   | at (954) 467-3367<br>(Area Code & Daytime Telephone Number) |
| Enclosed is a \$3 | 35.00 check made payable to the Departme   | ent of State.                                               |
|                   | Mailing Address: Amendment Section         | Street Address:<br>Amendment Section                        |
|                   | Division of Corporations                   | Division of Corporations                                    |
|                   | P.O. Box 6327                              | Clifton Building                                            |
|                   | Tallahassee, FL 32314                      | 2661 Executive Center Circle                                |

Tallahassee, FL 32301

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

| -                                   | provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this age is submitted for a corporation organized under the laws of the State of Florida                                                                                                                                                                                                                                              |
|-------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|                                     | to change its registered office or registered agent, or both, in the State of Florida.                                                                                                                                                                                                                                                                                                                                    |
| I. The name of the                  | he corporation: BUNCHES OF MIAMI & FORT LAUDERDALE, INC.                                                                                                                                                                                                                                                                                                                                                                  |
| 2. The principal                    | office address: 6005 STIRLING ROAD, PARADISE PROMENADE 157, DAVIE, FL 33314                                                                                                                                                                                                                                                                                                                                               |
|                                     |                                                                                                                                                                                                                                                                                                                                                                                                                           |
| 3. The mailing a                    | ddress (if different): SAME AS ABOVE                                                                                                                                                                                                                                                                                                                                                                                      |
| 4. Date of incorp                   | oration/qualification: SEPTEMBER 26, 2006 Document number: P06000123929                                                                                                                                                                                                                                                                                                                                                   |
|                                     | street address of the current registered agent and registered office on file with the tment of State:                                                                                                                                                                                                                                                                                                                     |
|                                     | JUAN RODRIGUEZ                                                                                                                                                                                                                                                                                                                                                                                                            |
|                                     | 6005 STIRLING ROAD, PARADISE PROMENADE 157                                                                                                                                                                                                                                                                                                                                                                                |
|                                     | DAVIE, FL 33314                                                                                                                                                                                                                                                                                                                                                                                                           |
| 6. The name and (if changed):       | street address of the new registered agent (if changed) and /or registered office                                                                                                                                                                                                                                                                                                                                         |
|                                     | R. MONTE                                                                                                                                                                                                                                                                                                                                                                                                                  |
|                                     | R. MONTE  6005 STIRLING ROAD, PARADISE PROMENADE 157                                                                                                                                                                                                                                                                                                                                                                      |
|                                     | (P.O. Box NOT acceptable)  DAVIE, FL 33314                                                                                                                                                                                                                                                                                                                                                                                |
| The street addre                    | ess of its registered office and the street address of the business office of its registered agent, be identical.                                                                                                                                                                                                                                                                                                         |
| Such change was                     | as authorized by resolution duly adopted by its board of directors or by an officer so the board, or the corporation has been notified in writing of the change.                                                                                                                                                                                                                                                          |
| X X ve                              | Monte R. Monte President  The of an officer or director)  R. Monte Resident                                                                                                                                                                                                                                                                                                                                               |
| of my duties, an<br>document is bei | the appointment as registered agent and agree to act in this capacity,<br>to comply with the provisions of all statutes relative to the proper and complete performance<br>of I am familiar with and accept the obligation of my position as registered agent. Or, if this<br>ng filed merely to reflect a change in the registered office address, I hereby confirm that the<br>seen notified in writing of this change. |
| X X                                 | mature of Registered Agent) February 21, 2007                                                                                                                                                                                                                                                                                                                                                                             |
| If signing on be                    | half of an entity:                                                                                                                                                                                                                                                                                                                                                                                                        |
| $-K_{0}$                            | Monte Typed or Printed Name)                                                                                                                                                                                                                                                                                                                                                                                              |

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