070000/56/9

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RA Change

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COVER LETTER

Division of Corporations
SUBJECT: MY CAFETERIA INES, CORP. (Name of Corporation)
DOCUMENT NUMBER: P0700015619
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:
ROSA LAZARA RAFARL (Name of Contact Person)
My CAFETERIA INES, CORP. (Firm/Company)
20021 DOTHAN ROAD
(Addiess)
WIAMI, FLORIDA 33189 (City/State and Zip Code)
For further information concerning this matter, please call:
ROSA LAZARA RAFAEL at (786) 218-5659 (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

statement of change is submitted for a corporation organized under the laws of the State of FLOR'S A
in order to change its registered office or registered agent, or both, in the State of Florida. 1. The name of the corporation: WY CAFETERIA INES, CORP. 2. The principal office address: 10711 S.W. 216 Th STREET. SuiTe 104 WIAMI, FIORIDA 33170
3. The mailing address (if different):
4. Date of incorporation/qualification: 02.02.2037 Document number: P07000015619
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: WiGUEL ROJAS
11105 S.W. 200th STREET APT # 20# 3 TORIDA 33157
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed): Rosa Lazara Rafael Rosa Lazara Road Rosa Road Road
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. (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 pierely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change. Output (Signature of Registered Agent)
If signing on behalf of an entity: ROSA LAZARA RAFAEL (Typed or Printed Name) *** FILING FEE: \$35.00 ***

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR2E045 (8/05)