P07000020149

(F	Requestor's Name)			
	Address)			
	Address)			
(0	City/State/Zip/Phone #)		
PICK-UP	☐ WAIT	MAIL MAIL		
(E	Business Entity Name)			
(Document Number)				
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COVER LETTER

1 ...====

TO: Amendment Section Division of Corporations				
SUBJ	ECT: Marion Oaks Roti Shop, Inc. (Name of Corporation)			
DOC	UMENT NUMBER: P07000020649			
The er	iclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.			
Please	return all correspondence concerning this matter to the following:			
	Vindra Ramkelawan, President (Name of Contact Person)			
	Marion Oaks Roti Shop, Inc. (Firm/Company)			
	16716 SW 30th Ave. Rd. (Address)			
	Ocala, FL 34473			
(City/State and Zip Code)				
For fu	rther information concerning this matter, please call:			
Vindra	a Ramkelawan, President at (914) 924-9947 (Name of Contact Person) (Area Code & Daytime Telephone Number)			
Enclos	sed 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 c	change is submitted for a corporation orgo	anized under the laws of the State of Florida stered agent, or both, in the State of Florida.	_			
	of the corporation: Marion Oaks Roti Sho	· · · · · · · · · · · · · · · · · · ·				
	The principal office address: 4165 SW 162nd Place, Ocala, FL 34473					
3. The mailin	ng address (if different): 4165 SW 162nd	Place, Ocala, FL 34473				
4. Date of inc	corporation/qualification: 02/14/2007	Document number: P07000020649	··			
	and street address of the current registered partment of State:	agent and registered office on file with the				
	Eddy David					
	4165 SW 162nd Place					
	Ocala, FL 34473					
6. The name a	and street address of the new registered ag i): Winston Ramkelawan	ent (if changed) and /or registered office	OUN LOUZ			
	16716 SW 30th Ave. Rd. (P.O. Box NOT acceptal	ole)	,			
	Ocala, FL 34473					
The street ad as changed w	ddress of its registered office and the stre	et address of the business office of its registered age	ent,			
Such change authorized by	was authorized by resolution duly adop y the board, or the corporation has been	ted by its board of directors or by an officer so notified in writing of the change.				
Jund	re Languland and ingranting of an officer of director)	Vindra Ramkelawan, President (Printed or typed name and title)	_			
I hereby acce I further agre of my dutics, document is corporation	cpt the appointment as registered agent ee to comply with the provisions of all st and I am familiar with and accept the o being filed merely to reflect a change in has been notified in writing of this chang	and agree to act in this capacity. atutes relative to the proper and complete performa bligation of my position as registered agent. Or, if the registered office address, I hereby confirm that ge.	nce this the			
u		August 3, 2007	_			
	(Signature of Registered Agent)	(Date)				
If signing on	behalf of an entity:					
	(Typed or Printed Name)	en decidence de la companya della companya della companya de la companya della co				
	* * * 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)