## P07000033873

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(Re	questor's Name)				
(Ad	dress)				
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(Ad	dress)				
(* 100	u.030)				
(City/State/Zip/Phone #)					
		<b>—</b>			
☐ PICK-UP	WAIT	MAIL			
(Bu	siness Entity Nan	ne)			
`	•	··- <b>,</b>			
(Do	cument Number)				
Certified Copies	_ Certificates	of Status			
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## COVER LETTER

TO:	Amendment Section Division of Corporations					
SUBJ	Name of Corporation)					
DOCU	UMENT NUMBER: P07000033873					
The en	nclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.					
Please	e return all correspondence concerning this matter to the following:					
	ILEANA PEREZ (Name of Contact Person)					
	DELUXE TOBACCO'S, INC (Firm/Company)					
	1699 W 68 ST (Address)					
	HIALEAH, FL 33014 (City/State and Zip Code)					
For fur	orther information concerning this matter, please call:					
ILEAN	NA PEREZ  (Name of Contact Person)  at (786 ) 426-7062  (Area Code & Daytime Telephone Num	iber)				
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 cha	nge is submitted for a corporation of	rganized under the laws of the State of	FLORIDA	<u>.                                    </u>	
		egistered agent, or both, in the State of F	lorida.		•
1. The name of t	he corporation: DELUXE TOBACCO	D'S, INC.	<del></del>	-	
2. The principal	office address: 3755 W 16 AVE, #14	HIALEAH, FLORIDA 33012		<b>→</b>	<del></del>
			HACT.	<del>- P</del> 2	128074
3 The mailing a	ddress (if different):		SSI	2	Š
J. The manning a	daress (ii different).		<u> </u>	PH	1
4. Date of incorr	poration/qualification: 03/15/2007	Document number: P070000	033879	<u>.:</u>	C
5. The name and	· · · · · · · · · · · · · · · · · · ·	red agent and registered office on file wi			
	ILEANA PEREZ, 1699 W 68	ST, HIALEAH, FL 33014	_		
	3755 W 16 AVE, # 5, HIALE	AH, FL 33012	_		
			_		
6. The name and (if changed):	street address of the new registered	agent (if changed) and /or registered off	ice		
	3755 W 16 AVE, # 14, HIALEAH, FL 33 (P.O. Box NOT accept	3012 (OFFICE SUITE NUMBER CHANGED mable)	- <u>)</u>		
The street addre	ss of its registered office and the stube identical.	reet address of the business office of it	- s registered	agent,	,
Such change wa authorized by th	s authorized by resolution duly ado e board, or the corporation has been	opted by its board of directors or by an notified in writing of the change.	officer so		
(	~ (DID)	ILEANA PEREZ, PRESIDEN	r		
	the appointment as registered agen to comply with the provisions of all d I am familiar with and accept the ng filed merely to reflect a change i been notified in writing of this cha	(Printed or typed name and the stand agree to act in this capacity, statutes relative to the proper and complete or the proper and proper an	-	rmanc ; if thi hat the	e s
		3/28/2007			
(Sig	nature of Registered Agent)	(Date)			
If signing on bel	nalf of an entity:				
(T	yped or Printed Name)				

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