## P0100054365

(Re	equestor's Name)	
(Ad	ldress)	
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PICK-UP	WAIT	MAIL
(Bu	isiness Entity Nan	ne)
(Document Number)		
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SECRETARY OF SIMILON OF CORPORALION

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## **COVER LETTER**

TO: Amendment Section Division of Corporations		
SUBJECT: Aless, Bakery cofe, Inc., Name of Corporation		
DOCUMENT NUMBER: P 070000 54365		
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:		
Philip Aless, Jr. Name of Contact Person		
Alessi Bakerry Firm/Company		
5202 Egsle Truil Dr. Address		
Tampa, Fl. 33634 City/State and Zip Code		
E-mail address: (to be used for amount annual report notification)  Sorter a Alessibakeries tou		
For further information concerning this matter, please call:		
Philip Alessi Tr at (813) 348-0128  Name of Contact Person 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

CR2E045 (8/05)

## 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 Horida.
in order to change its registered office or registered agent, or both, in the State of Florida.
1. The name of the corporation: Aless, Bakery Cafe, Inc
2. The principal office address: 5202 Easle Trui Drive
Tampa, T1. 33634
3. The mailing address (if different):
4. Date of incorporation/qualification: 54-2005 Document number: POT 00005436
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)
Robert wareholg
101 E Krnnedy Blud Ste 2800
Tampa, F1. 33600)
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):
Rick Alvarez = 742 South Village dirile 2
74a South Village dirile ~ 3
Tampy, F1. 33606
The street address of its registered office and the street address of the business office of its registered age 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 of 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 peing 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.
DECEMBER 10, 2011
A gnature of Registered Agent Date
If signing on behalf of an entity:
ALVAPEZ GARCIA
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)