## P07000088654

(Re	questor's Name)	
(Add	dress)	
(Ad	dress)	
· (Cit	y/State/Zip/Phone	e #)
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(Do	cument Number)	
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## **COVER LETTER**

TO: Amendment Section Division of Corporations	
SUBJECT: SANTA BARBARA'S CAFE  (Name of Corporation)	
(Name of Corporation)	
Pap = 200 5-5-1 = 11	
DOCUMENT NUMBER: 70700088654	
The enclosed Statement of Change of Registered Office/Agent and fee are submitted for file	ing.
Please return all correspondence concerning this matter to the following:	
<del>1</del>	
BARBARA (HAVE Z (Name of Contact Person)	
(Name of Contact Person)	
SANTA BARBAKA'S CAFE- (Firm/Company)	
(Firm/Company)	
115 And St hE (Address)	-
MAPLES FL 34/20 (City/State and Zip Code)	•
For further information concerning this matter, please call:	
BANBARA CHAVEZ at (235) 895-3 (Name of Contact Person) at (Area Code & Daytime Telep	hone Number)
Enclosed is a \$35.00 check made payable to the Department of State.	
Mailing Address:  Amendment Section  Street Address:  Amendment Section	
Amendment Section Amendment Section  Division of Corporations Division of Corporation	ne .
P.O. Box 6327 Clifton Building	13
Tallahassee, FL 32314 2661 Executive Center	Circle

Tallahassee, FL 32301

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

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of $\frac{\text{FLORIDA}}{\text{PACES}}$
in order to change its registered office or registered agent, or both, in the State of Florida.
1. The name of the corporation: DANTA BARBAKA'S CAFE INC.
2. The principal office address: 1886 40th Terr 5W
MAPLES FL 341/6
3. The mailing address (if different): 115 2nd 5+ nE
MAPLES FL 34/20
4. Date of incorporation/qualification: 8-7-07 Document number: P07000088654
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:
FLURIDA PERSUNAL SERVICES
1837 41st Terr 5W
MAPLES FL 34116 BET
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):
BARBARA CHAVEZ
115 and SthE  (P.O. Box NOT acceptable)
MAPLES FL 34120
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)  BARBARA CHAVE Z  (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 merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.
(Signature of Registered Agent)  8-21-07 (Date)
If signing on behalf of an entity:
BARBANA CHAUEZ (Typed or Printed Name)

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