

P07000099782

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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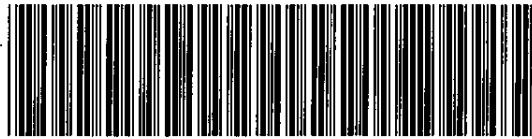
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Mi Conuquito Restaurant Corp
(Name of Corporation)

DOCUMENT NUMBER: P07000099782

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:

Margarita Gonzalez Peguero
(Name of Contact Person)

JDPR SERVICES INC.
(Firm/Company)

8160 West 28 Court Unit 106
(Address)

Hialeah, FL 33018
(City/State and Zip Code)

For further information concerning this matter, please call:

Margarita Gonzalez Peguero at (305) 469-2498
(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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

October 22, 2007

MARGARITA GONZALEZ PEGUERO
JDPR SERVICES INC.
8160 WEST 28 COURT UNIT 106
HIALEAH, FL 33018

SUBJECT: MI CONUQUITO RESTAURANT, CORP.
Ref. Number: P07000099782

We have received your document for MI CONUQUITO RESTAURANT, CORP. and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

We are enclosing a computer printout which reflects the registered agent and registered office now on file with this office. Please amend your document accordingly.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6905.

Thelma Lewis
Document Specialist Supervisor

Letter Number: 907A00061980

**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 FLORIDA in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: MI CONUQUITO RESTAURANT CORP
2. The principal office address: 1099 NW 119th Street, North Miami FL 33168
3. The mailing address (if different): 12615 E Randall Park Dr., Miami FI 33167
4. Date of incorporation/qualification: 09/06/2007 Document number: P07000099782
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:

Fior D'Aliza Tavaréz

12615 E Randall Park Dr., Miami FI 33167

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

Yosahira Coleman

12615 E Randall Park Dr, Miami FI 33167

(P.O. Box NOT acceptable)

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.

Fior D'Aliza Tavaréz
(Signature of an officer or director)

Fior D'Aliza Tavaréz, President

(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.

Yosahira Coleman
(Signature of Registered Agent)

October 29, 2007

(Date)

If signing on behalf of an entity:

(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)

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TALLAHASSEE, FLORIDA