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(Re	equestor's Name)		
(Ad	ldress)		_
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PICK-UP	MAIT .	MAIL	
(Bu	isiness Entity Nar	me) . · · · ·	. `
(Do	ocument Number)	· ·	_
Certified Copies	_ Certificate:	s of Status	.1.1
Special Instructions to	Filing Officer:		
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Office Use Only



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2009 OCT -5 PM 1: 54
SECRETARY OF STATE
ALLAHASSEF, FI OBIDA

R.A

OCT - 6 2009

COVER LETTER

SUBJECT: BOCADITO EXPUSS, Inc. (Name of Corporation)
DOCUMENT NUMBER: POS DODO 9782D
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing
Please return all correspondence concerning this matter to the following:
(Name of Person)
BOCADHO EXPRES Inc. (Name of Firm/Company)
330 Sw. 27th Ay Suttle 408 A
MHMIJFO: 33/35 (City/State and Zip Code)
For further information concerning this matter, please call:
MMIGUL K. PARDO. at (780) 390. 3542 (Area Code & Daytime Telephone Number)

Street Address:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Amendment Section

Division of Corporations

TO:

Enclosed is a check for \$35.00 made payable to the Florida Department of State.

Mailing Address:
Amendment Section
Division of Corporations
Post Office Box 6327
Telleborne FL 32214 Tallahassee, FL 32314

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

`3

Passuant 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 $FURIDA$
in order to change its registered office or registered agent, or both, in the State of Florida.
1. The name of the corporation: BOADITO EXPILS INC.
2. The principal office address: 330 SW. 2.777 AVI., SUTTLE 408-A
3. The mailing address (if different):
4. Date of incorporation/qualification: 10/31/08. Document number: PD800091820
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)
ROBERTO BOUZO
330 SW 27th Ave Sutto 408 A Eu 3
MIAMI, f2: 33135
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):
MUNIQUE K. PARISO
330 Sw. 27th Ave. Suttle 408-A = =
P.O. Box NOT acceptable MIAMI, A. 33135
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 opticer of all opticities 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.
SOW) (09/30/09
Signature of Registered Agent Date
If signing on behalf of an entity:
Typed or Printed Name

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR2E045 (8/05)

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