

P0900004/897

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Document Number)

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
09 AUG 14 AM 8:32

Roberts AUG 17 2009

FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
PO BOX 6327
TALLHASSEE, FL 32314

RECEIVED

2009 AUG 14 AM 8:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE
Division of Corporations

June 25, 2009

EDUARDO SOTO, ESQ.
EDUARDO SOTO, P.A.
999 PONCE DE LEON BLVD, STE 1040
CORAL GABLES, FL 33134

SUBJECT: REFRI SHOP INC
Ref. Number: P09000041897

We have received your document for REFRI SHOP INC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

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) 245-6892.

Tina Roberts
Regulatory Specialist II

Letter Number: 309A00021778

Don't understand, form was initially filed with the registered agent's signature. Please see form.

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: REFRI SHOP INC
Name of Corporation

DOCUMENT NUMBER: P09000041897

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:

EDUARDO SOTO, ESQ.
Name of Contact Person

EDUARDO SOTO, P.A.
Firm/Company

999 PONCE DE LEON BLVD. SUITE 1040
Address

CORAL GABLES, FL 33134
City/State and Zip Code

VISADEPARTMENT@ESOTOPA.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ROMMEL JIMENEZ at (305) 446-8686
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

**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: REFRI SHOP INC
2. The principal office address: 421 SWALLOW DR. #5 MIAMI SPRINGS, FL 33166
3. The mailing address (if different): SAME
4. Date of incorporation/qualification: 5/11/09 Document number: P09000041897
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)

EDDY KUFFO

421 SWALLOW DR. #5 MIAMI SPRINGS, FL 33166

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

EDUARDO SOTO

999 PONCE DE LEON BLVD. SUITE 1040

P.O. Box NOT acceptable

CORAL GABLES, FL 33134

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
09 AUG 14 AM 8:33

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.

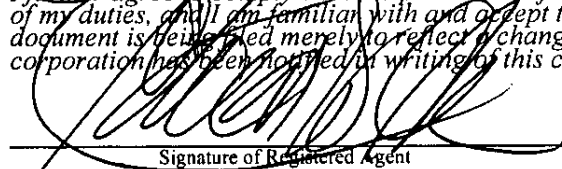


Signature of an officer or director

EDDY MUCARCEL

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

06/11/09

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)