

PO9000075129

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

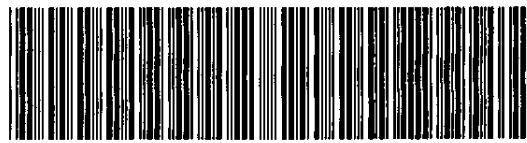
(Business Entity Name)

(Document Number)

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TALLAHASSEE FLORIDA

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T Lewis
8-26-11

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Stop Seventeen Ave Inc
Name of Corporation

DOCUMENT NUMBER: P09000075129

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:

Manuel Richardson
Name of Contact Person

M.R.General Service Insurance
Firm/Company

2140 West Flagler St Suite # 105
Address

Miami, Florida 33135
City/State and Zip Code

general303@aol.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Manuel Richardson
Name of Contact Person at (305) 644-9333
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: Stop Seventeen Ave, Inc.

2. The principal office address: 3200 NW 17th Ave
Miami, Florida 33142

3. The mailing address (if different): _____

4. Date of incorporation/qualification: 09/08/2009 Document number: P0900075129

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)

Lesly Guifarro Eucedo
1811 NW 18th Terrace Apt # 3
Miami, Florida 33125

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

Silvia Taggart
3200 NW 17th Ave
Miami, Florida 33142

P.O. Box NOT acceptable

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 JACKSONVILLE, FLORIDA

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.

PLATES

Signature of an officer or director

Lesly Guifarro Euceda

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.

Silvia Fossat
Signature of Registered Agent

08/13/2011

Date

If signing on behalf of an entity:

Sic via Taggari

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