P09000075783

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	ty/State/Zip/Phone	#)
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(Do	ocument Number)	
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COVER LETTER

Division of Corporation	-
SUBJECT:	Richi's Incoporated
	Name of Corporation
OCUMENT NUMBER:	P09000075783
he enclosed Statement of Char	nge of Registered Office/Agent and fee are submitted for filing.
lease return all correspondence	e concerning this matter to the following:
	Jean Jacque Chiche
- 13 - 2 - 11 - 1	Jean Jacque Chiche Name of Contact Person
	w Wine Bistro
	Firm/Company
	3622 Ne 2nd Ave
•	Address
	Miami Fl 33137
	City/State and Zip Code
	wwinebistro@bellsouth.net
	ress: (to be used for future annual report notification)

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 607.0302, 617.0. statement of change is submitted for a corporation org. in order to change its registered office or regi	anized under the laws of the State of Florida
1. The name of the corporation: Richi's Incopora	ated
2. The principal office address: 3622 Ne 2nd Ave	
3. The mailing address (if different):	
4. Date of incorporation/qualification: 9/10/200	9 Document number: P09000075783
5. The name and street address of the current registered Florida Department of State: (If resigned, enter resig	
MITCHELL, JOHN G	
2650 BISCAYNE BLVD 700	
MIAMI FL 33137 US	
6. The name and street address of the new registered ag (if changed):	gent (if changed) and /or registered office
Jean Jacque Chiche	<u></u>
3622 Ne 2nd Ave	
P.O. Box P	NOT acceptable
	et address of the business office of its registered agent, ted 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 emporage or director	Jean Jacque Chiche Printed or typed name and title
I hereby accept the appointment as registered agent of further agree to comply with the provisions of all st of my duties, and I am familiar with and accept the odocument is being filed merely to reflect a change in corporation has been notified in writing of this change	and agree to act in this capacity latules relative to the proper and complete performance bligation of my position as registered agent. Or, if this the registered office address, I hereby confirm that the ge.
Significator Registered Agent	7/15/10 Date
If signing on behalf of an entity:	Date
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)