P09000078851

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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11/12/10--01013--006 **35.00

RA to chg

10 NOV 30 PM 1:44

Roberts NOV 30 2010

FLORIDA DEPARTMENT OF STATE
Division of Corporations

November 16, 2010

HECTOR RAMOS
CLUB VISTA GRANDE P.V INC
15609 20TH AVE S W
BUVIEW, WA 98166

SUBJECT: CLUB VISTA GRANDE P.V. INC.
Ref. Number: P09000078851

We have received your document for CLUB VISTA GRANDE P.V. 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: 610A00026791

RECEIVED
2010 JUL 30 AM 7:50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

# COVER LETTER

**TO:** Amendment Section
Division of Corporations

**SUBJECT:** Club Vista Grande P.V. INC
Name of Corporation

**DOCUMENT NUMBER:** _____

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:

Hector Ramos
Name of Contact Person

Club Vista Grande P.V INC
Firm/Company

15609 20th Ave SW
Address

Burien WA 98166
City/State and Zip Code

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

For further information concerning this matter, please call:

Hector Ramos at (206) 818-0866
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

CR2E045 (8/05)

**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: Club Vista Grande P.V. INC.
2. The principal office address: 5181 Sheridan Steet Hollywood FL 33021
3. The mailing address (if different):
4. Date of incorporation/qualification: 9/21/09 Document number: P09000078851
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)

NRAI Services, INC.
2731 Executive Park Drive Suit 4
Weston FL 33331

10 NOV 30 PM 1:44

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

Joel Ramirez
5181 Sheridan Steet
P.O. Box NOT acceptable
Hollywood FL 33021

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

Hector Ramos VP of Operations
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

11/3/10
Date

If signing on behalf of an entity:

Hector Ramos
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)