P09000086183

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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SECRETARY OF STATE

R.A. Chang C.COULLIETTE

FEB 0 4 2010

EXAMINER

COVER LETTER

TO: Amenda Division	ment Section n of Corporations				
SUBJECT:	Casa Latino Brand Name of C	don Realty, Inc.			
DOCUMENT	NUMBER: P09	0000086183			
The enclosed St	tatement of Change of Registered Offic	ce/Agent and fee are submi	itted for filing.		
Please return all	l correspondence concerning this matte	er to the following:			
	Joseph	Larossa			
	Name of Co	ontact Person			
	Casa Latino Bra	andon Realty, Inc.			
		company			
		Christie Drive			
	Ad	dress			
Valrico, Florida 33594 City/State and Zip Code					
City/State and Zip Code					
genebatronie@tampabay.rr.com E-mail address: (to be used for future annual report notification)					
	E-mail address: (to be used for	future annual report noti	fication)		
For further info	rmation concerning this matter, please	call:			
	Gene Batronie	at (813)	295-0926		
	Name of Contact Person	Area Code & Dayt	295-0926 ime Telephone Number		
Enclosed is a \$3	35.00 check made payable to the Depa	rtment of State.			
	Mailing Address: Amendment Section	Street Address Amendment S	<u>ii</u> Section		
	Division of Corporations	Division of C	orporations		
	P.O. Box 6327	Clifton Buildi	_		
	Tallahassee, FL 32314	2661 Executiv Tallahassee, I	ve Center Circle FL 32301		



January 19, 2010

JOSEPH LAROSSA CASA LATINO BRANDON REALTY, INC. 118 B PIERCE CHRISTIE DR VALRICO, FL 33594

SUBJECT: CASA LATINO BRANDON REALTY, INC. Ref. Number: P09000086183

We have received your document for CASA LATINO BRANDON REALTY, INC. and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

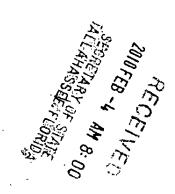
The document must have original signatures.

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) 245-6903.

Cheryl Coulliette Regulatory Specialist II

Letter Number: 010A00001382



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: Casa Latino Brandon Realty, Inc.	
2. The principal office address: 118 B Pierce Christie Drive Valrico Florida 33594	
3. The mailing address (if different):	********
4. Date of incorporation/qualification: October 19, 2009 Document number: P0900086183	
 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) 	
Judith Bonce	
907 North Parsons Avenue	
Brandon Florida 33510	
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed): Joseph Larossa	و دور الا الاخترو
Joseph Larossa (SAR)	3
118 B Pierce Christie Drive	yge E
P.O Box NOT acceptable	es E
Valrico, Florida 33594	
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 Printed or typed name and title	
I hereby accept the appointment as registered agent and agree to act in this capacity. I fin ther 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. Thereby confirm that the corporation has been notified in writing of this change.	
Joseph Larossa	
Signature of Registered Agent Date	
If signing on behalf of an entity:	
Lynd or Lift Maine	
* * * FILING FEE: \$35.00 * * *	

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314 CR21045 (8/05)