## P10000000912

(Requestor's Name)					
(Address)					
(Address)					
<b>(</b>					
(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
(Document Number)					
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Th 12-15-11

## **COVER LETTER**

TO: Amendment Section Division of Corporation	on rations					
SUBJECT:	Burrito Cant					
	Name of Co	orporation				
DOCUMENT NUMBER	:P100	000000982				
The enclosed Statement of	Change of Registered Office	Agent and fee are submi	tted for filing.			
Please return all correspon	dence concerning this matter	to the following:				
·	•	•				
	Melissa	French				
Name of Contact Person						
Burrito Cantina Inc						
	Firm/Co	mpany				
	22 Semi					
	Addı	ess				
	_					
Atlantic Beach, FL 32233  City/State and Zip Code						
	City/State an	d Zip Code				
	survivor1996@	gmail.com				
survivor1996@gmail.com  E-mail address: (to be used for future annual report notification)						
For further information cor	ncerning this matter, please c	all:				
<b>5.4</b> 11	<b>.</b>	004				
	sa French ontact Person	_at ( <u>864</u> ) Area Code & Dayti	me Telephone Number			
Name of e	onder roison	Thou code to Day i	mo Telephone Tumoe.			
Enclosed is a \$35.00 check	made payable to the Depart	ment of State.				
M	ailing Address:	Street Address:				
Ä	mendment Section	Amendment So	ection			
	ivision of Corporations	Division of Co	•			
	O. Box 6327	Clifton Buildin				
Ta	allahassee, FL 32314	2661 Executiv	e Center Circle			

Tallahassee, FL 32301

TO:

## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

•	-		07.1508, or 617.1508, Floi under the laws of the State		
in orde	r to change its registered	l office or registered	agent, or both, in the State	of Florida.	
1. The name of t	he corporation: Burrito	o Cantina Inc	· · · · · · · · · · · · · · · · · · ·		
2. The principal	office address: 22 Sen	ninole Rd.			
Atlantic Be	each, FL 32233				
3. The mailing a	ddress (if different):				
4. Date of incorp	poration/qualification:	01/05/2010	_ Document number:	P1000000982	
	street address of the cur trnent of State: (If resign		and registered office on fi	le with the	
	Robert Battistic	<u></u>			
	3532 Highland Gle	n Way W.			
	Jacksonville, FL 32	2224			
6. The name and (if changed):	street address of the nev	v registered agent (if	changed) and /or registere	FLORID SEEB. FLORID	
	Melissa French				
	22 Seminole Rd.	, c. p	V-1-4017-11-01-01-01-01-01-01-01-01-01-01-01-01-		
P.O. Box NOT acceptable  Atlantic Pageb El 22222					
Atlantic Beach, FL 32233  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 wa authorized by the	is authorized by resolution board, or the corporal	ion duly adopted by	its board of directors or led in writing of the change	e.	
Mighatur Mighatur	e of an opinion of the clor		Robert Ba	attistic	
/	<del>-,</del>	istered agent and a sions of all statutes I accept the obligat It a change in the re g of this change.	gree to act in this capacity relative to the proper an ion of my position as regi gistered office address, I	•	
Melis	isa French nature of Registered Agent	<del></del>	12/15/20 Date	01/	
If signing on be	half of an entity:				
	Melissa French yped or Printed Name	······································			

\* \* \* FILING FEE: \$35.00 \* \* \*