## P10000048351

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Change

01/10/11--01008--012 \*\*35.00



1/12/11

## **COVER LETTER**

TO: Amendment Section Division of Corporations
SUBJECT: LOURNES MERCHANDISE & ASSOCIATES INC. (Name of Corporation)
DOCUMENT NUMBER: P1 00000 48 351
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:
LOURDES VERA PATERSON (Name of Contact Person)
LOURDES MERCHANDISE + ASSOCIATES, INC (Firm/Company)
4941 BROADWAY AVE. (Address)
TAMPA FL. 33605 (City/State and Zip Code)
For further information concerning this matter, please call:
Lourdes Vera Paterson at (813) 335-7448 (Area Code & Daytime Telephone Number)
Enclosed is a \$35.00 check made payable to the Department of State.
Mailing Address: Amendment Section  Street Address: Amendment Section

Division of Corporations

Tallahassee, FL 32301

2661 Executive Center Circle

Clifton Building

**Division of Corporations** 

Tallahassee, FL 32314

P.O. Box 6327

## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH $\dot{\cdot}$

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 <b>Florida</b> in order to change its registered office or registered agent, or both, in the State of Florida.
1. The name of the corporation: LOURDES MERCHANVISE of ASSOCIATES INC
2. The principal office address: 4941 BROADWAY AVE. TAMPA, FL 33605
3. The mailing address (if different):
4. Date of incorporation/qualification: 06/08/2010 Document number: P10000048351
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)
MARIO O. MAGAN
4941 BROADWAY
T 04 El 32/05 75 2
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):
LOURDES VERA PATTERSON 4941 BROADWAY
4941 BROADWAY (P.O. Box NOT acceptable)
TAMPA FL. 33605
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)
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 hotified in writing of this change.
(Signature of Registered Agent) 01/65/2011
If signing on behalf of an entity:
Mario O. Magan (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