P10000055405

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

10 OCT 18 AM 9: 19

R.A. Chorse C.COULLIETTE

OCT 19 2010

EXAMINER

COVER LETTER

TO: Amendment Section Division of Corporation	ns					
SUBJECT:	Huy como me gu Name of Con	usta, INC poration				
DOCUMENT NUMBER:	P1000	00055405				
The enclosed Statement of Char	nge of Registered Office/A	Agent and fee are submitte	ed for filing.			
Please return all correspondence	e concerning this matter to	the following:				
Adis Almanza						
Name of Contact Person						
Firm/Company						
	4542 W F	ern St				
	Addres					
Tampa FI 33614						
	Tampa FL, City/State and	Zip Code				
	adisəlmənzə@v	rahoo com				
adisalmanza@yahoo.com E-mail address: (to be used for future annual report notification)						
		·				
For further information concern	ning this matter, please cal	1:				
Adis Alma	anza	at (813)	391-4155			
Name of Contac	t Person	at (813) Area Code & Daytim	e Telephone Number			
Enclosed is a \$35.00 check made payable to the Department of State.						
Mailin	g Address:	Street Address:				
	dment Section on of Corporations	Amendment Sec Division of Con				
	Sox 6327	Clifton Building				
	assee, FL 32314	2661 Executive				
		Tallahassee, FL	32301			

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

statement of cl	hange is submitted for a corpora	2, 617.0502, 607.1508, or 617.1508, Flor tion organized under the laws of the State	of Florida
in ord	der to change its registered office	e or registered agent, or both, in the State	of Florida.
	f the corporation: Huy como	· · · · · · · · · · · · · · · · · · ·	
2. The principa	al office address: 8206 W Wa	ters Ave Suite 112	
Tampa F	L, 33615		
3. The mailing	address (if different):		
4. Date of inco	orporation/qualification:	Document number:	P0000055405
	nd street address of the current re artment of State: (If resigned, en	egistered agent and registered office on fil ter resigned)	e with the
	ADIS ALMANZA		
	9016 W. FLORAS	iT .	
	TAMPA, FL 3361	15	
6. The name a (if changed)	nd street address of the new regis	stered agent (if changed) and /or registered	→ ₹
	Yosley Aguila		— 18
	15321 58TH ST N		CORPOR
		P.O. Box NOT acceptable	9: 1
	Clearwater FL, 33760		
The street add as changed wi	ress of its registered office and ll be identical.	the street address of the business office	of its registered agent,
Such change vauthorized by	was authorized by resolution du the board, or the corporation ha	ly adopted by its board of directors or b as been notified in writing of the change	y an officer so
Signa	Umanzul ture of an officer or director	Adis Alma Printed or typed name	anza and title
I hereby accep I further agree of my duties, a document is be	ot the appointment as registered	d agent and agree to act in this capacity of all statutes relative to the proper and ept the obligation of my position as regis ange in the registered office address, I h is change.	t complete performance stered agent. Or, if this hereby confirm that the
		10/13/20)10
	pehalf of an entity:	Date	
	Typed or Printed Name		
	***FI	ILING 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)