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Special Instructions to	Filing Officer:	

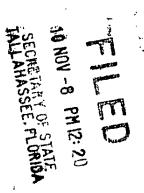
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RA Rolf



Roberts NOV 019 2000

## **COVER LETTER**

Amendment Section

TO:

Division of Corporations
SUBJECT: ALIMENTOS BUENOS AIRES, CORP.  Name of Corporation
DOCUMENT NUMBER: 7100000 7890 5
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:
MARTA B. FIGUEROA  Name of Contact Person
N/A F/rm/Company
Hirm/Company
12550 BISCAYNE Blud \$ 204
71441055
North Makei H 33181  City/State and Zip Code  Martabersondo @ Gmail. com  E-mail address: (to be used for future annual report notification)
City/State and Zip Code
Martabersondo @ Gmail. com
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:    Martin B. Figueroa   at (305) 790 - 8268.   Name of Contact Person   Area Code & Daytime Telephone Number
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

## 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 <u>Florida</u> in order to change its registered office or registered agent, or both, in the State of Florida.
1. The name of the corporation: ALIMENTOS BUENOS AIRES. COL
2. The principal office address: 5401 COLLINS AVE \$ 729
MIAMI BEACH PL 33/40'
3. The mailing address (if different): 3874 NE 167th STREET
North MIAMI Boh Fl 33160.
4. Date of incorporation/qualification: 09-27-2010 Document number: 710000078905
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)
LILIANA A. LAUDRANTE
11770 8W 92 AVE
MIAMI PL 33186.
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):
MARTA B. FIGUEROA
12550 BISCAYNE Blud + 204 P.O. BOX NOT acceptable
North Miami FL 33181
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.
Santa60 A. LAVORANTE 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.
- AUMEN 11-05-2010.
Signature of Registered Agent Date
If signing on behalf of an entity:
Typed or Printed Name

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

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