P110000040007

	•			
(Red	questor's Name)			
(Add	dress)			
(Add	dress)			
(City	//State/Zip/Phon	e #)		
PICK-UP	☐ WAIT	MAIL		
	····			
(Bus	siness Entity Nar	me)		
(100	cument Number)	1		
Certified Copies	Cartificator	s of Status		
Certified Copies	Certificates	s of Status		
Special Instructions to F	Filing Officer:			





000234652550

05/07/12--01015--010 **35.00

SECRETARY OF STATES
DIVISION OF CORPORATIONS

RARDICHS:

COVER LETTER

TO: Amendment Section Division of Corporations

1

Name of Corporation

DOCUMENT NUMBER: P11000040607

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:

Jessica Lopez

Name of Contact Person

Sweetapple, Broeker & Varkas, PL

Firm/Company

777 Brickell Avenue, Suite 600

Address

Miami, Florida 33131

City/State and Zip Code

Doug@broekerlaw.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Jessica Lopez <u>at (305</u>) 374-5623

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

statement of cha	ange is submitted for a corporation orgo	502, 607.1508, or 617.1508, Florida Statutes, anized under the laws of the State of Florida stered agent, or both, in the State of Florida.	this	_
 The name of The principal 	the corporation: FLORETTE CAF office address: 540 Washington	E, INC. Avenue, Miami Beach, Florida 33	· 3139	
	address (if different):			··
	address (it different).			
4. Date of incor	poration/qualification: 4/26/2011	Document number: P11000040607		
	d street address of the current registered rtment of State: (If resigned, enter resig	agent and registered office on file with the ned)		
	Stefania Bologna			
	150 S.E. 2nd Avenue, Suite	#1010		
	Miami, Florida 33131			
6. The name and (if changed):	d street address of the new registered ag	gent (if changed) and /or registered office	12 MAY	OIVISION
	Douglas C. Broeker, Esq.		1	NETATE OF THE PARTY OF THE PART
	777 Brickell Avenue, Suite 6	600	7 P	22 C
P.O. Box NOT acceptable		PM 2: 21	OR S	
	Miami, Florida 33131	 	2	AND THE PERSON NAMED IN
The street address changed will	ess of its registered office and the stree I be identical.	et address of the business office of its registe	red age	ent, ⁷⁸
Such change wanthorized by t	as authorized by resolution duly adopte the board, or the corporation has been n	ed by its board of directors or by an officer s notified in writing of the change.	o	
	70720	Fabio Cragnotti, President		_
0	are of an officer or director	Printed or typed name and title		
I hereby accept I further agree performance of agent. Or, if th hereby confirm	the appointment as registered agent a to comply with the provisions of all sto fmy duties, and I am familiar with and its document is being filed merely to re that the corporation has been notified	ind agree to act in this capacity, atutes relative to the proper and complete accept the obligation of my position as regi. flect a change in the registered office addres in writing of this change.	stered ss, I	
	1 ('Sol	May 2, 2012		_
,	gnature of Registered Agent	Date		
If signing on be	chalf of an entity:			

Duglas C. Broneker

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