P110000049840

(Re	equestor's Name)	
(Ad	ldress)	
(Ad	dress)	
(Cit	ty/State/Zip/Phone	÷#)
PICK-UP	TIAW T	MAIL
(Ви	siness Entity Nan	ne)
(Document Number)		
Certified Copies	Certificates of Status	
Special Instructions to Filing Officer:		

Office Use Only



400209416764

07/06/11--01006--017 **35.00

11 JUL -6 PM 1:26

SECRETARY OF SHATE DIVISION OF CORPORATIONS

RAROCHS MANIA

COVER LETTER

TO: Amendment Section Division of Corporations
SUBJECT: Palm Coast Internet Cate Inc. Name of Corporation
DOCUMENT NUMBER: P 110000 49840
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:
Hung Dayen Name of Contact Person
Palm Coast Internet Cate Inc.
160 Cypress Point PKWY A114 + A115 Address
Palm Coast, FL. 32137 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Hung Uguyen at (386) 216-5864 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

TO:

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 in order to change its registered office or registered agent, or both, in the State of Florida.
1. The name of the corporation: Palm Coast Internet Cafe, Inc.
2. The principal office address: 160 Cypness Point PKWY A114 + A115
Palm Coast, Fl. 32137
3. The mailing address (if different):
4. Date of incorporation/qualification: 5/25/// Document number: P1100049840
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)
Hitesh Patel 160 Cypress Point Play # A114-A115 Resigning
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):
Hung Dauyen
54 Wood Haven Dr.
Palm Coast F1. 32164
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 authorized by the board, or the corporation has been notified in writing of the change.
Signature of an officer or director HITESH PATEL YP 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.
MM 6/28/11
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 * * *