

P11000090291

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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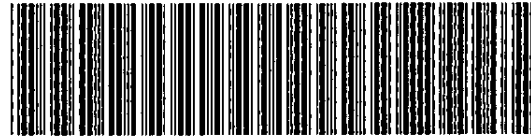
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Botanica Misterio Ile Chango
Name of Corporation

DOCUMENT NUMBER: P1100090291

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:

Xionis Rubi
Name of Contact Person

Botanica Misterio Ile Chango
Firm/Company

8236 Causeway Blvd
Address

Tampa Florida 33619
City/State and Zip Code

botanicamistrio@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Xionis rubi at (813) 297-8692
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 Florida in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: Botanica Misterio ile Chango
2. The principal office address: 8236 Causeway Blvd, Tampa, Florida 33619
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 10/16/2011 Document number: P1100090291
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, entered resigned)

Xionis Hernandez
8236 Causeway Blvd
Tampa, Fl. 33619

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

Xionis Rubi (last name changed)

8236 Causeway Blvd.

P.O. Box NOT acceptable

Tampa, Florida 33619

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.

Xionis Rubi
Signature of an officer or director

Xionis Rubi
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.

Xionis Rubi
Signature of Registered Agent

12/08/2011
Date

If signing on behalf of an entity:

Typed or Printed Name

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

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AND
FILED
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TALLAHASSEE, FLORIDA