

**PI2000102897**

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

**Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.**

(((H16000295799 3)))



H160002957993ABCF

**Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.**

**To:**

Division of Corporations  
Fax Number : (850) 617-6380

**From:**

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.  
Account Number : I20000000019  
Phone : (305) 552-5973  
Fax Number : (305) 675-5944

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

**Email Address:** \_\_\_\_\_

**REGISTERED AGENT CHANGE  
FRUIT CACTUS CORP.**

|                       |         |
|-----------------------|---------|
| Certificate of Status | 0       |
| Certified Copy        | 0       |
| Page Count            | 02      |
| Estimated Charge      | \$35.00 |

RECEIVED

15 DEC -2 AM 13:06

SECRETARY OF STATE  
TALLENT, S. TALLENT  
TALLENT, S. TALLENT

16 DEC -2 AM 11:48

FILED

Electronic Filing Menu

Corporate Filing Menu

Help  
S. TALLENT

DEC 05 2016

R/A-CH

H16000295799

**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 FL in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: Fruit Cactus Corp.  
 2. The principal office address: 1460 SW 143rd Place  
Miami FL 33184  
 3. The mailing address (if different): \_\_\_\_\_

4. Date of incorporation/qualification: 12/19/2012 Document number: P12000102897

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)

Lidice Trovieso  
1460 SW 143rd Place  
Miami FL 33184

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

Lucia Carreño ✓  
2030 NE 180 Road  
North Miami FL 33181

P.O. Box NOT acceptable

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.

[Signature] Lidice Trovieso  
 Signature of officer or director 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.

[Signature] 12/2/16  
 Signature of Registered Agent Date

If signing on behalf of an entity:

Lucia Carreño  
 Typed or Printed Name

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

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

CR2E045 (03/12)

H16000295799

SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

16 DEC -2 AM 11:48

FILED