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7/10/14

COVER LETTER

TO:

Amendment Section Division of Corporations

SUBJECT: CASA CABIANCA INC

Name of Corporation

DOCUMENT NUMBER:

P14000046018

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:

VERONICA GARAICOA

Name of Contact Person

CASA CABIANCA INC

Firm/Company

8442 N.W. 70TH ST

Address

MIAMI, FL 33166

City/State and Zip Code

VERONICA@CASACABIANCAUSA.COM

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

For further information concerning this matter, please call:

VERONICA GARAICOA

...786

374-4401

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, 617.0 statement of change is submitted for a corporation org	
in order to change its registered office or reg	istered agent, or both, in the State of Florida.
1. The name of the corporation: CASA CABIANO	DA INC
2. The principal office address: 8442 N.W. 70TH	I ST, MIAMI, FL 33166
3. The mailing address (if different): P.O. BOX 52	23977, MIAMI, FL 33152
4. Date of incorporation/qualification: 5/22/2014	Document number: P14000046018
5. The name and street address of the current registerer Florida Department of State: (If resigned, enter resigned)	
BRENDA OWAUIED	
8442 N.W. 70TH ST	
MIAMI, FL 33166	
6. The name and street address of the new registered a (if changed):	Siz F m
VERONICA GARAICOA	PH 1: 5
8442 N.W. 70TH ST	
MIAMI, FL 33166	NOT acceptable
The street address of its registered office and the streas changed will be identical.	eet address of the business office of its registered agent,
Such change was authorized by resolution duly adop authorized by the board, or the corporation has been	
Brenda Outoused Signature of an officer or director	BRENDA OWAUIED, PRESIDENT Printed or typed name and title
I hereby accept the appointment as registered agent I further agree to comply with the provisions of all superformance of my duties, and I am familiar with an agent. Or, if this document is being filed merely to rhereby confirm that the corporation has been notified.	tatutes relative to the proper and complete d accept the obligation of my position as registered reflect a change in the registered office address. I
Junico Caroican	6/20/2014
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 CR2E045 (03/12)

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