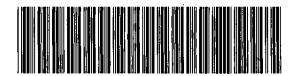
P15000070003

(Re	equestor's Name)	
(Ad	ldress)	
(Ad	ddress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
(Bu	siness Entity Nar	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

Office Use Only



400292522164

400292522164 11/28/16--01038--007 **35.00

S. TALLENT DEC 0 5 2016

RIALLY



COVER LETTER

TO: Amendment Section Division of Corporations
SUBJECT: NOVIO'S CAFE CORD. Name of Corporation
DOCUMENT NUMBER: P 500070003
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:
Luis E. Capote Name of Contact Person
Novio's cafe corp
2692 Palm Avenue
Hialedh, FL 33012 City/State and Zip Code
Capote. luis 69 @ amail. com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Lys E. Capote at (305) 815-4056 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

æ.,

CR2E045 (03/12)

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: NOVIO'S CAFE CORP.
2. The principal office address: 2692 Palm Avenue Halean, FC 330
3. The mailing address (if different):
4. Date of incorporation/qualification: 9 15 2016 Document number: \$\frac{15000070003}{2016}\$
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)
Alfonso, Roger J
2740 NW 15 Street
Miami, FL 33/25
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):
Luk E. Capote / M. M.
2725 W Gem Street
Hialean, FL 33014
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 hoard, or the corporation has been notified in writing of the change.
Roger J. Alfonso, P. Signature of an 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 couply m that the corporation has been notified in writing of this change.
Luis Capote 9-15-16
Signature of Registered Agent ARTURO GONZALEZ If signing on behalf of an entity: ARTURO GONZALEZ Notary Public - State of Florida
LUIS E Capo te Typed or Printed Name Typed or Printed Name 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, TALLAHASTEE, FL 32344