

(Requestor's Name)	
(Address)	
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(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT MAI	L
(Outline) Fath Name	
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of Status	
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COVER LETTER

TO: Amendment Section Division of Corporations				
SUBJECT: Da Reggae Cafe				
Name of Corporation DOCUMENT NUMBER: P16000003927				
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:				
Ethel Bennett				
Name of Contact Person				
DA Reggae Cafe				
12705 NW 27 Ave				
Address				
Miami FL 33167				
City/State and Zip Code				
E-mail address: (to be used for future annual report notification)				
For further information concerning this matter, please call:				
Ethel I Bennett Name of Contact Person at (786) 521-7175 Area Code & Daytime Telephone Number				
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

statement of cha	ange is submitted for a corpora	2, 617.0502, 607.1508, or 617.1508, Florida tion organized under the laws of the State of e or registered agent, or both, in the State of	Florida	
1. The name of	the corporation: DA REGG	AE CAFE		
2. The principal	office address: 12705 NW	27 Ave # 307		
	Miami Fl 331			
3. The mailing a	address (if different):			
4. Date of incor	poration/qualification: Januar	ry 11, 2016 Document number: P160	00003927	
	d street address of the current re rtment of State: (If resigned, en	egistered agent and registered office on file ter resigned)	with the	
	Grady Muhammad			
	6205 NW 6 Court A N	Miami Fl 33150	~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~	
	NO LONGER WITH	COMPANY	= .	
6. The name an (if changed):		stered agent (if changed) and /or registered o	office	
	Ethel I Bennett		_	
	12705 NW 27 Ave			
P.O. Box NOT acceptable				
	Miami FI 33167		_	
The street address changed will	ess of its registered office and be identical.	the street address of the business office of	its registered agent,	
Such change wa authorized by the	as authorized by resolution dul he board, or the corporation ha	ly adopted by its board of directors or by a is been notified in writing of the change.	n officer so	
Ethel	Bennett	Ethel Bennett, Owner		
I further agree performance of agent. Or, if th	to comply with the provisions of my duties, and I am familiar with discussions of the mer- us document is being filed mer-	Printed or typed name and agree to act in this capacity, of all statutes relative to the proper and cowith and accept the obligation of my positively to reflect a change in the registered off notified in writing of this change.	mplete on as registered	
Ethel	Bennett mature of Registered Agent	June 4, 2017		
		Date		
It signing on be	chalf of an entity:			
Ethel 1	Bennett yped 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 * * *