

P17000052300

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP  WAIT  MAIL

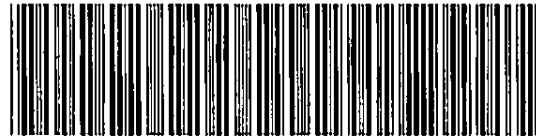
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

SEP 19 2017  
S. YOUNG

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** CRAVING'S BY RAY VEGA, INC  
Name of Corporation

P17000052300  
**DOCUMENT NUMBER:**

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:

MATIAS AZNAR  
Name of Contact Person

CRAVING'S BY RAY VEGA, INC  
Firm/Company

6735 CONROY RD SUITE 410  
Address

ORLANDO, FL 32835  
City/State and Zip Code

MAZNAR@ME.COM  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

MATIAS AZNAR 407 758-9683  
Name of Contact Person at ( ) 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: CRAVING'S BY RAY VEGA, INC

2. The principal office address: 1322 25TH STREET ORLANDO FL 32805

3. The mailing address (if different): 6735 CONROY RD SUITE 410 ORLANDO FL 32835

4. Date of incorporation/qualification: 06/14/2017 Document number: P17000052300

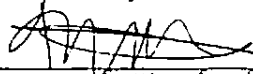
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)  
WILFREDO ACEVEDO  
1987 SILVERWEED WAY  
OVIEDO, FL 32765

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):  
MATIAS AZNAR  
6735 CONROY RD SUITE 410  
ORLANDO, FL 32835  
P.O. Box NOT acceptable

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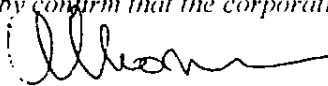
The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

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 of an officer or director

Ray Vega  
\_\_\_\_\_  
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 of Registered Agent

9/13/17  
\_\_\_\_\_  
Date

If signing on behalf of an entity:  
\_\_\_\_\_  
Typed or Printed Name

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