## P180000 88/65

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## **COVER LETTER**

TO: Amendment Section Division of Corporations
SUBJECT: CUBAN BITES INC.  Name of Corporation
DOCUMENT NUMBER: P180000 88165
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:
RAUDEL RIVERA Name of Contact Person
Firm/Company
9423 FONTAINEBLEAU BIND # 108 Address
Highli, FL 33172 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
TENNIFER CMIZ at (305) 917-5952  Name of Contact Person Area Code & Daytime Telephone Number
Enclosed is a \$35.00 check made payable to the Department of State.
Mailing Address:Street Address:Amendment SectionAmendment SectionDivision of CorporationsDivision of Corporations

Clifton Building

Tallahassee, FL 32301

2661 Executive Center Circle

P.O. Box 6327

Tallahassee, FL 32314

## 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 402inA in order to change its registered office or registered agent, or both, in the State of Florida.
1. The name of the corporation: CUBAN BITES, INC.  2. The principal office address: 9423 FONTAINE BIEAU BIVD # 108
3. The mailing address (if different): SAME AS ABOVE
4. Date of incorporation/qualification: 10 22 2018 Document number: \$12000000000000000000000000000000000000
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)  TENNIGHT H. CMZ (10.5:400)
ANDLENIER MORETON (resigned)
6. The name and street address of the new registered agent (if changed) and /or registered of face (if changed):  RAUDEZ RIVERA  9423 FOUTAINEBLEAU BWD #108  P.O. Box NOT acceptable  MIAMI, PL 33172
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   Printed or typed name and title
Typed or Printed Name

Make checks payable to Florida Department of State Mail to: Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

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