P93000009292

(Re	questor's Name)	
(Ad	dress)	
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PICK-UP		
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Certified Copies	Certificates	of Status
Special Instructions to	Filing Officer:	
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COVER LETTER

TO: Amendment Section Division of Corporations

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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:



For further information concerning this matter, please call:

CR2E045(6/04)

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 409 E. Gaines Street Tallahassee, FL 32399

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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 $\underline{F(crecc_{c}, s)}$ in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of th	recorporation: Las Copas on the Beach, Inc.
2. The principal of	
·····	Mani Brach, Fl. 33140
3. The mailing ad	idress (if different): Same
4. Date of incorp	oration/qualification: 0210811993 Document number: P9300009292,
5. The name and Florida Depart	street address of the current registered agent and registered office on file with the current registered agent and registered office on file with the current registered agent and registered office on file with the current registered agent and registered office on file with the current registered agent and registered office on file with the current registered agent and registered office on file with the current registered agent and registered office on file with the current registered agent and registered office on file with the current registered agent and registered office on file with the current registered agent and registered office on file with the current registered agent and registered office on file with the current registered agent and registered office on file with the current registered agent and registered office on file with the current registered agent and registered agent and registered office on file with the current registered agent and registered agent
	ABOUZLAN, SAM,
	3425 COLLINS AUE
	MiANI BEACH FL, 33140 BOS = 0
6. The name and (if changed):	street address of the new registered agent (if changed) and /or registered office $\overset{\mathbb{R}}{\overset{\mathbb{P}}{\overset{\mathbb{C}}}{\overset{\mathbb{C}}{\overset{\mathbb{C}}}{\overset{\mathbb{C}}}{\overset{\mathbb{C}}{\overset{\mathbb{C}}{\overset{\mathbb{C}}}{\overset{\mathbb{C}}{\overset{\mathbb{C}}{\overset{\mathbb{C}}{\overset{\mathbb{C}}{\overset{\mathbb{C}}}}}{\overset{\mathbb{C}}{\overset{\mathbb{C}}{\overset{\mathbb{C}}{\overset{\mathbb{C}}{\overset{\mathbb{C}}{\overset{\mathbb{C}}{\overset{\mathbb{C}}{\overset{\mathbb{C}}{\overset{\mathbb{C}}{\overset{\mathbb{C}}{\overset{\mathbb{C}}{\overset{\mathbb{C}}{\overset{\mathbb{C}}{\overset{\mathbb{C}}{\overset{\mathbb{C}}{\overset{\mathbb{C}}{\overset{\mathbb{C}}{\overset{\mathbb{C}}}{\overset{\mathbb{C}}{\overset{\mathbb{C}}{\overset{\mathbb{C}}{\overset{\mathbb{C}}{\overset{\mathbb{C}}{\overset{\mathbb{C}}{\overset{\mathbb{C}}{\overset{\mathbb{C}}{\overset{\mathbb{C}}{\overset{\mathbb{C}}}{\overset{\mathbb{C}}}}}}}}}}$
	Juan de la Cruz Gonzalez (3425 rollins) Miani Broch Fl.
	(P.O. Box NOT acceptable)
	miani. A. 33175.
The street addres as changed will	ss of its registered office and the street address of the business office of its registered agent, 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.

Ismary C Gonzalez \geq (Signature of an officer of director)

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 mereby to reflect a change in the registered office address, I hereby confirm that the corporation has been polified in writing of this change.

06-09-09

gistered Agent) (Signa

If signing on behalf of an entity:

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Le la Cruz Gonzallez (Typed or Printed Names Juan de

*** FILANG FEE: \$35.00 ***

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314