- P94000022435

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
(Business Entity Name)
(Document Number)
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COVER LETTER

TO: Amendment Section Division of Corporations

ame of Corporation) SUBJECT: ADDLITCH MONTON

DOCUMENT NUMBER: <u>P9400022435</u>.

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:

Name of Contact Person) IUNDO (Figm/Ogmpany) T (City/State and Zip For further information concerning this matter, please call:

ONUNDO VEGA. (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

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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 <u>YOVOU</u> in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: APPLETEE MOTAGE OKP.
2. The principal office address: 1735 NW 146FH Stypet
Ste 100, Miami Laker, FL33016.
3. The mailing address (if different):
4. Date of incorporation/qualification: <u>310310919</u> Document number: <u>P94000022455</u>
5. The name and street address of the <u>current registered agent</u> and registered office on file with the Florida Department of State:
ONGNOO VEGA 3 3
-PTISNIN 194MStreet Ste 210 3
MIGIMI LAIKES, FL 33016.
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed): HW MUUNGADHSS 1. CHUNGE A PMUPLE ADDHSS. T1355 NW HUH STULL STELLS 100
MIAMI LAKES, FL 33016.
Orland VEga
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 cornoration has been notified in writing of the change.
ONGNOO VEGAIP(IS) OH AT
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 accument 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) [D 2 2000. (Date)
If signing on behalf of an entity:
(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, TALLAHASSEE, FL 32314 CR2E045 (8/05)
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