

P94000061382

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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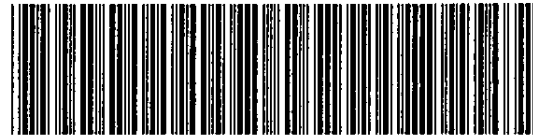
(Business Entity Name)

(Document Number)

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DIVISION OF CORPORATIONS
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B. KOHR

APR - 2 2012

EXAMINER

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: EL INCA DE PERU INC
Name of Corporation

DOCUMENT NUMBER: P94000061382

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:

JOAN MCCARR

Name of Contact Person

Better Business Services Inc

Firm/Company

1621 E Hillcrest

Address

Orlando FL 32803

City/State and Zip Code

carrijm@aol.com

E-mail address: (to be used for future annual report notification)

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For further information concerning this matter, please call:

JOAN MCCARR

Name of Contact Person

at (863) 6021274

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

EFFECTIVE FEB 29 2012

**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: EL INCA DE PERU INC
2. The principal office address: 505 BRIARCLIFF DR
ORLANDO FL 32806
3. The mailing address (if different): _____

4. Date of incorporation/qualification: 8/24/94 Document number: P940000 61382

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)

RICKIE A OTTESEN
505 BRIARCLIFF DR
ORLANDO FL 32806

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

MARIA DEL CARMEN OTTESEN
505 BRIARCLIFF DR
ORLANDO FL 32806
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.

Mari Carmen Ottesen
Signature of an officer or director

Mariadel Carmen Ottesen
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.

Mari Carmen Ottesen
Signature of Registered Agent

February 29th, 2012
Date

If signing on behalf of an entity:

Mariadel Carmen Ottesen
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)