750000/34/5 City/State/Zip Phone # Office Use Only CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known): (Corporation Name) (Document #) (Corporation Name) (Document #) (Corporation Name) (Document #) (Corporation Name) (Document #) Certified Copy ☐ Walk in Pick up time ☐ Photocopy ☐ Certificate of Status ☐ Mail out ☐ Will wait **NEW FILINGS** AMENDMENTS Profit Amendment Resignation of R.A., Officer/Dire Not for Profit Change of Registered Agent Limited Liability ☐ Dissolution/Withdrawal Domestication ☐ Merger Other REGISTRATION/QUALIFICATIO OTHER FILINGS Annual Report Foreign ☐ Fictitious Name Limited Partnership

Reinstatement Trademark Other

Examiner's Initials

CR2E031(7/97)

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

the undersigned corporation organized under the laws of the State of Florida Statutes,
submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.
1. The name of the corporation is: FAT BUSTERS, INC.
2. The mailing address of the corporation is: 12234 Sw 16 St.
MIAMI, F1 3.3184
3. Date of incorporation/qualification: Document number: P9500013415
4. The name and address of the current registered agent and office:
THAIS D. CARRENO
11792 SW 16 St.
MIAMI, El. 33175
5. The name and address of the new registered agent and office: (P. O. Box Not Acceptable)
HERME COLLAZO
8440 5.W. 8 D. +. #15
MIANI, Fl. 33144
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.
Maist Panens 3/9/01
(Signature of an officer, chairman or vice chairman of the board) (Date)
Thais D. CARRENO, PRESIDENT (Printed or typed name and title)
Having been named as registered agent and to accept service of process for the above stated corporation, 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.
Hologo 3/9/0/ 85 5
(Signature of Registered Agent) If signing on behalf of an entity:
If signing on behalf of an entity:
(Typed or Printed Name) (Capacity)
*** FILING FEE: \$35.00 ***

CR2E045(7/97)