P96000016345

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COVER LETTER

TO: Amendment Section Division of Corporations
SUBJECT: ROMERO HAR VESTING, NC
DOCUMENT NUMBER: 19600016345
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: SRAE EleZ, R. (Name of Contact Person)
ATTORNEY-AT-LAW (Firm/Company)
P.O. Box 832482 (Address)
MIAMI EL. 33283 (City/State and Zip Code)
For further information concerning this matter, please call: SRAE PRE REZ R. at 305 632-8900 (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

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH $_{\star \gamma}$. FOR CORPORATIONS

Pursuant to the provis statement of change is in order to ch	submitted for	a corporation orga	nized under the	e laws of the S	State of <u>FLO</u>	
1. The name of the cor	poration:	ROMERO HAI	RVESTING	INC.		
2. The principal office		1319 N.W.	=			
		Okeechobee	e, Fl. 34	4972		
3. The mailing address	s (if different):		<u></u> ,			
4. Date of incorporation	on/qualification	ı: 1996	Docume	ent number: _	P9600001	6345
5. The name and street Florida Department		current registered	agent and regis	stered office o	n file with the	
	Celia	a Medellin				0 0 0
	1319	N.W. 36th	St.			SECRET
	Okee	chobee, Fl.	34972	<u></u>		る。
6. The name and street (if changed):		e new registered age			tered office	SECRETARY OF ORATIONS OF MAY -5 PM 1: 42
		1755 N.W. 6	th St			,
		(P.O. Box NOT acceptable	e)			
		Okeechobee,	F1. 349	72 ————		
The street address of as changed will be id-	its registered entical.	office and the stree	t address of th	e business of	fice of its regist	ered agent,
Such change was authorized by the boa		olution duly adopte poration has been n		of directors ing of the cha	or by an officer ange.	
(Signature of an I hereby accept the a I further agree to con of my duties, and I an accument is being fil corporation has been	ppointment as ppointment as pply with the p n familiar with ed merely to r notified in wi					performance Or, if this irm that the
X EMOLULU (Signature	of Registered Ages	enillo		05-C	02-0E	<u> </u>
If signing on behalf o	f an entity:					
(Typed or	r Printed Name)					
		* * * FILING F	TF- 635 AA *	* *		

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR2E045 (8/05)