P96000061700

, (Requestor's Name)					
(Address)					
(Address)					
(
(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
(Document Number)					
Cartified Conject Contificator of Status in the					
Certified:Copies Certificates of Status (1994) 199					
4					
Special Instructions to Filing Officer:					

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PA Change 7/16/19

COVER LETTER

Amendment Section Division of Corporations

TO:

SUBJECT:	Dixie Grove Inves	tment, Corp.	·			
•	- Name of Co	orporation -	•			
DOCUMENT NUMBER	k:P960	000061700				
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:						
	Rafael F	Fabian				
Name of Contact Person						
Rafael Fabian, P.A.						
	Firm/Co	mpany				
	2630 SW 28th S					
	. Addi	- CSS				
	Miami, FL 33133 City/State and Zip Code					
	rafael@fabia I address: (to be used for fu	anpa.com				
E-mai	I address: (to be used for fu	iture annual report notific	ation)			
For further information co	oncerning this matter, please co	all:				
Rafa	el Fabian	at (305)	856-6700			
	Contact Person	_ at (305) Area Code & Daytimo	e Telephone Number			
Enclosed is a \$35.00 check made payable to the Department of State.						
$\frac{N}{\Lambda}$	Iailing Address: mendment Section	Street Address: Amendment Sect	rion			
	Division of Corporations	Division of Corr				
	O. Box 6327	Clifton Building				
Tallahassee, FL 32314		2661 Executive				

Tallahassee, FL 32301

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

)"	•		607.1508, or 617.1508, Flood ander the laws of the Sta	_ '
in orde	er to change its registered	office or registere	ed agent, or both, in the Sta	te of Florida.
	the corporation: Dixie (
2. The principal	office address: 2630 S	W 28th Street,	Unit 61, Miami, FL 33	133
		·		
3. The mailing a	nddress (if different):_San	ne		
4. Date of incor	poration/qualification;	7/22/1996	Document number:	P96000061700
	I street address of the curr timent of State: (If resigno		nt and registered office on t	ile with the
	Carlos R. Rua		· · · · · · · · · · · · · · · · · · ·	<u>-</u>
	2630 SW 28th Stre	et, Unit 61		promet.
	Miami, FL 33133			
6. The name and (if changed):	I street address of the new	registered agent (if changed) and /or register	red offices SE
-	Omaida Rua			
	2630 SW 28th Stre			ORAH ORAH
		P.O. Box NOT ac	coeptable	
	Miami, FL 33133		<u> </u>	
The street address changed will	ess of its registered office be identical.	e and the street ad	dress of the business offic	e of its registered agent,
Such change was authorized by the	as authorized by resolutione board, or the corporati	on duly adopted bion has been notif	y its board of directors or led in writing of the chang	by an officer so
alla: b	of an officer or director		CARLOS M. RVA Printed or typed nan	Vice - Prosident
I hereby accept I further agree of my duties, an document is ber corporation has	the appointment as regi to comply with the provis ad I am familiar with and ing filed merely to reflect s been notified in writing	stered agent and a sions of all statute l accept the obliga t a change in the r t of this change.	agree to act in this capacit es relative to the proper an ation of my position as reg registered office address, I	ty, id complete performance istered agent. Or, if this hereby confirm that the
(T) Jus			7-6-09	
Sig	nature of Registered Agent		Date	
If signing on be	ehalf of an entity:			
Omardo	yped or Printed Name			

* * * FILING FEE: \$35.00 * * *