## P9600066530

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SECRETARY OF STATE

## **COVER LETTER**

TO: Amendment Section Division of Corporations
SUBJECT: Belts belts & More Belts (Name of Corporation)
DOCUMENT NUMBER:
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:
Roberto Luis Artola (Name of Contact Person)
Belts Belts & More Betts (Firm/Company)
20505 South Dixie Highway (Address)
MI AMI , F1. 33189 (City/State and Zip Code)
For further information concerning this matter, please call:
Roberto Luis Aetola at (786) 395-0187 (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  Street Address:  Amendment Section

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

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 FOR CORPORATIONS

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statement of chang	e is submitted for a corporation o	7.0502, 607.1508, or 617.1508, Florida Statorganized under the laws of the State of ${}$ tegsistered agent, or both, in the State of Flor	lorida_
1. The name of the	corporation: Betts Bett	+ Hore Belts +NC	•
		to court MIAMI, F1. 33177	1
3. The mailing add	ress (if different):		
4. Date of incorpor	ation/qualification: (28/ 09/96	Document number: 496000	0 66 530
5. The name and st Florida Departm		ered agent and registered office on file with the	he
	3301 Local War	<u> </u>	
	# 00	<b>.</b>	_4
_	MIRMI, FL 33145	5	O7 JU
6. The name and st (if changed):	20505 South D	89	JUN 25 AM 8: 57  UNE PARY OF STATE LAHASSEE, FLORIDA
The street address as changed will be	of its registered office and the seidentical.	street address of the business office of its re	egistered agent,
(Signature	ar an officed or director)	lopted by its board of directors or by an off en notified in writing of the change.  **Roberto Luis Actola** (Printed or typed name and title)	Prasident
I hereby accept th I further agree to of my duties, and l document is being	e appointment as registered age comply with the provisions of al I am familiar with and accept th filed merely to reflect a change een notified in writing of this ch	ent and agree to act in this capacity. It statutes relative to the proper and complete obligation of my position as registered at in the registered office address, I hereby cange.	ete performance igent. Or, if this confirm that the
Coleman	ture of Registered Agent)	(Date)	
If signing on beha		• •	
(Тур	ed or Printed Name)		

Make Checks payable to Florida Department of State Mail to: Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 CR2E045 (8/05)

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