

P96000094964

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officers:

Correct
Corp. name
Per
Cuckta
Bellande
06-11-10
DC

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10 JUN 10 AM 8:37
SECRETARY OF STATE
HALL ASBURY, MD 20713

RA Change



JUN 14 2010

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Pates Plus, Inc.
Name of Corporation

DOCUMENT NUMBER: P96000094964

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:

Cuckita Bellande
Name of Contact Person

Pates Plus Bakery, inc.
Firm/Company

11638 NE 2nd Avenue
Address

Miami Shores, FL 33161
City/State and Zip Code

cuckitaob@aol.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Cuckita Bellande at (305) 389-1590
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
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: Pates Plus, Inc.
2. The principal office address: 11638 NE 2nd Avenue, Miami Shores FL 33161
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 11/18/1996 Document number: P96000094964
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)

Yola Olivier

11638 NE 2nd Avenue, Miami Shores FL 33161

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

Cuckita Bellande

11638 NE 2nd Avenue, Miami Shores FL 33161

P.O. Box NOT acceptable

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.

Yola Olivier
Signature of an officer or director

Yola Olivier, PTSD
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.

Cuckita Bellande
Signature of Registered Agent

06/07/2010
Date

If signing on behalf of an entity:

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)

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10 JUN 10 AM 8:36
SECRETARY OF STATE
TALLAHASSEE, FL 32314