## P97000010292

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ty/State/Zip/Phone	·· ⇒ #)		
WAIT	MAIL .		
(Business Entity Name)			
(Document Number)			
_ Certificates	s of Status		
Special Instructions to Filing Officer:			
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SECRETARY OF STATE
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## **COVER LETTER**

Amendment Section

TO:

Division of Corporations			
SUBJECT: ERNEST'S CAFE COMPANY			
(Name of Corporation)			
DOCUMENT NUMBER: P97000010292			
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:			
(Name of Contact Per	rson)		
SPOTTSWOOD, SPOTTSWOOD (Firm/Company)			
500 FLEMING STREET (Address)			
(Addiess)			
KEY WEST FL 33040 (City/State and Zip Code)			
For further information concerning this matter, please call:			
ror futurer information concerning this matter, please can.			
Erica Hughes at (3 (Name of Contact Person)	05 ) 294-9556 ext 22 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

statement of cha	he provisions of sections 607.0502, 617.0502, 607.1508, or 617.15 change is submitted for a corporation organized under the laws of rder to change its registered office or registered agent, or both, in	the State of Florida
1. The name of t	of the corporation: ERNEST'S CAFE COMPANY	
2. The principal	oal office address: 707 SOUTH STREET, KEY WEST, FL 33040	
3. The mailing a	g address (if different):	
4. Date of incorp	corporation/qualification: 1/28/97 Document numb	per: P97000010292
	and street address of the current registered agent and registered off partment of State:	ice on file with the
	MARK E. OROFINO	
	707 SOUTH STREET	
	KEY WEST FL 33040	
6. The name and (if changed):	and street address of the new registered agent (if changed) and /or l):	registered office TASE 8
	IEVA BERZINA	HASS
	819 Peacock Place # 1610	SEEF PR
	(P.O. Box NOT acceptable) KEY WEST FL 33040	2: 28 STATI LORII
The street addre	dress of its registered office and the street address of the busine vill be identical.	ss office of its registered agent,
Such change wa authorized by the	was authorized by resolution duly adopted by its board of direct the board, or the corporation has been notified in writing of the	etors or by an officer so e change.
(Signati	nature of an officer or director)  Jeva (Printed or	Beezing Typed name and title)
I further agree of my duties, and document is bei	ept the appointment as registered agent and agree to act in this ee to comply with the provisions of all statutes relative to the pr and I am familiar with and accept the obligation of my position being filed merely to reflect a change in the registered office ad has been notified in writing of this change.	capacity. oper and complete performance i as registered agent. Or, if this dress, I hereby confirm that the
	K form I en	g Berzuig
	(Signature of Registered Agent) behalf of an entity:	(Date)
<i>56</i>	•	
(7	(Typed or Printed Name)	

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