P96000024973

Department of State Division of Corporation P.O. Box 6327 Tallahassee,FL 32314

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SUBJET: Tortillas Ochoa, Inc.

Enclosed check for \$35.00 and statement of change of registered agent.

FROM: Liandro Barragan

106 Periwinkle Key Dr.

Ocoee, FL 34761

300002628743--0 -08/31/98--01087--001 *****35.00 *****35.00



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Florida Department of State, Sandra B. Mortham, Secretary of State

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, 6	or 617.1508, Florida Statutes, the
undersigned corporation organized under the laws of the State of FI	
submits the following statement in order to change its registered office of	or registered agent, or both, in the
State of Florida. 1. The name of the corporation is: 102Tillas OCHOA, IA	-
1. The name of the corporation is: 1001/11/13 Oction, 11	UC !
2. The mailing address of the corporation is: / West Sriver	R Star RS.
DCOCC, FC 34761	3/4/2 /-3
3. Date of incorporation/qualification: March, 17 1998 Docume	nt number: P 9800001497
4. The name and address of the current registered agent and office:	
OLIVER TOVVES	
3501 West Vine St	
Kissinnee, FC 34741	SECONOMIC SECONO
5. The name and address of the new registered agent and office: (P. O. Be	ox Not Acceptable) 芸
LIANDIZO BANGGAN	SSE 31 E
106 PERIWINKLE KEY DI	2. FS E
Ocoee, FC 3476/	ORIDE OR
The street address of its registered office and the street address of the agent, as changed, will be identical.	business office of its registered
Such change was authorized by resolution duly adopted by its board cauthorized by the board.	
(Signature of an officer, chairman or vice chairman of the board)	8-26-98 (Date)
LIANDILO BONTOSCIN	8-26-98
(Printed or typed name and title)	(Date)
Having been named as registered agent and to accept service of proc corporation, I hereby accept the appointment as registered agent and I further agree to comply with the provisions of all statutes relative to performance of my duties, and I am familiar with and accept the obli- registered agent.	ess for the above stated I agree to act in this capacity. In the proper and complete gation of my position as
(Signature of Registered Agent)	8-16-98 (Date)
(Signature of Registered Agent)	(Date)
If signing on behalf of an entity:	· ·
(Typed or Printed Name)	(Capacity)

FILING FEE: \$35.00

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