## P980000 25430

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## **COVER LETTER**

TO:	Amendment Section Division of Corporations
CUBIL	CCT: Rene Ruiz Couture, Inc.
SCD31	(Name of corporation)
DOCU	MENT NUMBER: P98000025430
The en	closed Statement of Change of Registered Office/Agent and fee are submitted for filing.
Please	return all correspondence concerning this matter to the following:
	Catherine Hite, Esq.  (Name of contact person)
	Catherine Hite, P.A.  (Firm/Company)
	799 Brickell Plaza, Suite 700 (Address)
	Miami, FL 33131 (City/state and zip code)
For fur	ther information concerning this matter, please call:
Cather	ine Hite at (305) 373-8100 (Name of contact person) (Area code & daytime telephone number)
	(Name of contact person) (Area code & daytime telephone number)
Enclose	ed is a \$35.00 check made payable to the Department of State.
	Mailing Address:Street Address:Amendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327409 E. Gaines StreetTallahassee, FL 32314Tallahassee, FL 32399

CR2E045(6/04)

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

statement of ch	provisions of sections 607.0502, 617.0502, ange is submitted for a corporation organize	ed under the laws of the State of Florid	а		
	er to change its registered office or registere	a agent, or both, in the State of Floriac	7.		
1. The name of	the corporation. Rene Ruiz Couture, Inc.			<del></del>	
2. The principal	office address: 262 Miracle Mile, Coral Ga	ables, FL 33134			
3. The mailing a	address (if different):				_
4. Date of incor	poration/qualification: 01/17/1998	Document number: P9800002543	0		
	I street address of the current registered age treet of State:	nt and registered office on file with the			
	Pablo R. Ruiz				
	730 3rd Street #107		<sub>1</sub>	70	
	Miami Beach, FL 33139		To go one or	04 OCT 28	
6. The name and (if changed):	d street address of the new registered agent (	if changed) and /or registered office	AFT TO STATE STATE STATE AT ST	28 PM	ļ
	Catherine Hite, Esq.		STA	∑	
	799 Brickell Plaza, Suite 700		DA TO	5	
	(P.O. Box NOT acceptable)				
	Miami, FL 33131				
The street address changed will	ess of its registered office and the street ad be identical.	dress of the business office of its regis	stered ag	ent,	
Such change wa authorized by th	slauth fized by resolution duly adopted be board, of the corporation has been notif	y its board of directors or by an office ied in writing of the change.	er so		
		President			
, •	re of an officer of director)	(Printed or typed name and title)			
I hereby accept I further agree of my duties, an document is bei corporation has	the appointment as registered agent and a to comply with the provisions of all statute d I am familiar with and accept the obliga ng filed merely to reflect a change in the r been notified infwrifing of this change.	es relative to the proper and complete ation of my position as registered ages registered office address, I hereby con	perform it Or if firm that	ance this the	
ar	he the	October 20,7	boy	···	
(Sig	mature of Registered Agent)	(Date)			
If signing on be	half of an entity:				
(7)	'yped or Printed Name)				

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