P98000089115

,						
(Requestor's Name)						
FELIX J. MENDIGUTIA, P.A.						
8370 W. FLAGLER STREET, SUITE 238						
MIAMI, FLORIDA 33144						
3						
(City/State/Zip/Phone #)						
PICK-UP WAIT MAIL						
(Business Entity Name)						
(Business Entity Name)						
(Document Number)						
•						
Certified Copies Certificates of Status						
Special Instructions to Filing Officer:						
·						

Office Use Only



600131343946

06/23/08--01012--033 **70.00

FILED

08 JUN 23 PM 1: 31

JUNETHAY OF STATE

Ways I

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

Pursuant to the provisions of section 607.0502, 617.0502, 607.1508, 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 is:	KARMEN BA	KERY II, INC	•	-		
2.	The principal office address:	1356 S.W. 8 th	Street	# CE	08 JL	· Tr	
		Miami, FL 33	135		UN 20		
3.	The mailing address (if Different):			SEE FL	32	H	
4.	Date of incorporation/qualification:_	10/20/1998	Document Number:	7980 7980	<u>نن</u> 00008	9115	
5.	The name and street address of the Florida Department of State: Oscar Ay		agent and registered o	iffice on fi	ile with	n the	
	1356 S.W.	8th Street, Miami,	Florida 33135				
6.	The name and street address of the changed): Jorge Luis 1356 S.W.	e new registered ag <u>Llanes</u> 8 th Street	ent (if changed) and/or	registere	ed offic	ce (if	
	Miami, Flor						
agen	street address of its registered office an nt, as changed will be identical.					∍d	
Such auth	n change was authorized by resolution of orized by the board, or the corporation l	duly adopted by its has been notified i	board of directors or by n writing of the change.	y an office	er so		
					s Llanes, President		
	(Signature of an officer or director)		(Printed or type	∌d name an	d title)		
l furt perfo ager	reby accept the appointment as register ther agree to comply with the provisions ormance of my duties, and I am familiar the or if this document is being filed meaby confirm that the corporation has bee	of all statutes rela with and accept the rely to reflect a cha	tive to the proper and c ne obligation of my posi ange in the registered o	complete tion as re	gistere ress, I	ed	
			June 11, 2				
	(Signature of Registered Agent)		(Date	e)			
If sig	ning on behalf of an entity:						
	(Typed or Printed Name)	 FILING FEE: \$35	00 * * *				
	" "	LIFING LEE: 993	.00				

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. Box 6327, TALLAHASSEE, FL 32314
CR2E045 (8/05)