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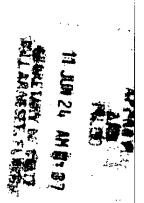
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COVER LETTER

TO: Amendment Section Division of Corporations			
SUBJECT: Hospitality Management Distributors Inc Name of Corporation			
DOCUMENT NUMBER: P9900000	08940		
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:		
Omar Fleches			
Name of Contact Person			
Hoopitality Management Distributors (no			
Hospitality Management Distributors Inc Firm/Company			
·			
16233 NW 84th P	Place		
Address			
Miami Lakes Florida 33016 City/State and Zip Code			
3.3) (3.412 a.1.2 <u>2.</u> p 3.323			
ofleches@yahoo.com E-mail address: (to be used for future annual report notification)			
E man address. (to be used for fature at	indui report nonneation)		
For further information concerning this matter, please call:			
Omar Fleches at (786)) 4123076		
Name of Contact Person A	rea Code & Daytime Telephone Number		
Enclosed is a \$35.00 check made payable to the Department of State.			
Mailing Address: Amendment Section Division of Corporations	Street Address: Amendment Section Division of Corporations		
P.O. Box 6327 Tallahassee, FL 32314	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	provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this ange is submitted for a corporation organized under the laws of the State of Florida
	er to change its registered office or registered agent, or both, in the State of Florida.
	the corporation: Hospitality Management Distributors Inc
2. The principal	office address: 3440 West 84th Street Bay 105 Hialeah Florida 33018
3. The mailing a	address (if different):
4. Date of incorp	poration/qualification: 1/28/1999 Document number: P9900008940
	d street address of the current registered agent and registered office on file with the rtment of State: (If resigned, enter resigned)
	Omar Fleches
	16825 NW 83rd Court 2
	Miami Lakes Florida 33016
6. The name and (if changed):	d street address of the new registered agent (if changed) and /or registered office
	Omar Fleches
	3440 West 84th Street, Bay 105
	P.O. Box NOT acceptable
	Hialeah Florida 33018
The street addre as changed will	ess of its registered office and the street address of the business office of its registered agent, be identical.
Such change wa authorized by th	as authorized by resolution duly adopted by its board of directors or by an officer so he board, or the corporation has been notified in writing of the change.
- Ogn	Omar Fleches / President Printed or typed name and title
	the appointment as registered agent and agree to act in this capacity. to comply with the provisions of all statutes relative to the proper and complete performance and I am familiar with and accept the obligation of my position as registered agent. Or, if this ing filed merely to reflect a change in the registered office address, I hereby confirm that the s been notified in writing of this change.
100	Ale 6-20-2011
	chalf of an entity:
x-gg v-	Omar Fleches
T	yped 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