P99000050312

(Re	equestor's Name)	
(Ac	idress)	
	ldress)	
(710	iuiessj	
(Ci	ty/State/Zip/Phone	· #)
PICK-UP	WAIT	MAIL .
(Bi	usiness Entity Nam	ne)
(Document Number)		
Certified Copies	Certificates	of Status
Special Instructions to	Filing Officer:	



300065313363

09/13/06--01006--010 **35.00

FILEU 00 00 FEB 13 AM 10 00 TALL'ALL'ASSEE, FLORIDA

COVER LETTER

TO: Amendment Section Division of Corporations
SUBJECT: Reliable ResThurnut Services, Corp. (Name of Corporation)
DOCUMENT NUMBER: P99000 S0312
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:
TAMES Pineds (Name of Contact Person) Reliable Restaurant Services, Corp. (Firm/Company) 530 SW 42 NVE. # 16 (Address)
MIAMI, FI. 33134 (City/State and Zip Code)
For further information concerning this matter, please call:
Luis Pineda at (786) 426-0401 (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

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, 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: Reliable Restaurant Services, Corp.
2. The principal office address: 3401 SW 129 Ne. HINM, Fl. 33175
3. The mailing address (if different): P.O. BOX 960 520
MIAMI, FI- 33296
4. Date of incorporation/qualification: <u>05-28-1955</u> Document number: <u>PG90000 50312</u>
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:
Augusto Ingae
3401 SW 125 Ave.
MIAMI, Fl. 33175
A UGUSTO INGAR 3401 SW 125 AVE. MIAMI, Fl. 33175 6. The name and street address of the new registered agent (if changed) and /or registered office (if changed): JAMES PINEDA
JAMES PINEDS
530 SW 42 AVE. # 16
(P.O. Box NOT acceptable) MINHI, Fl. 33134
The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.
Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.
(Signature of an officer or director) Augusto Insar (Printed or typed name and title)
(Signature of an officer or director) I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.
(Signature of Registered Agent) (Date)
If signing on behalf of an entity:
James PiveDA (Typed 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