## S55771

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**EXAMINER** 

## **COVER LETTER**

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 + 100 /
1. The name of the corporation: Petro tyaro, Inc.
2. The principal office address: 247 SW 847 ST
MIAMI, 72 33130
3. The mailing address (if different):
4. Date of incorporation/qualification: 5 1991 Document number: S5577
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)
WRPOU, INC.
2099 S. BONSHOPE DR. TM 7100r
Miami, PC 33133
6. The name and street address of the new registered agent (if changed) and /or registered office.  (if changed):
_Orlando Garcia, se
247,SW 8th ST.
Miami, to 33130
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 corporation has been notified in writing of the change.
(Signature of an officer of director)  Oriando Hania JR.  (Printed or typed name and title)
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 menely 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)
If signing on behalf of an entity:
(Typed or Printed Name)

Make Checks payable to Florida Department of State Mail to: Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 CR2E045 (8/05)

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