# K89398

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#### **COVER LETTER**

TO: Amendment Section Division of Corporations

SUBJECT: ECUATRAVEL INC.

Name of Corporation

Name of Corporation

DOCUMENT NUMBER: K89398

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:

### DOUGLAS J. JEFFREY, ESQ.

Name of Contact Person

LAW OFFICES OF DOUGLAS J. JEFFREY PA

Firm/Company

6625 MIAMI LAKES DR. EAST, STE 379

Address

MIAMI LAKES, FL 33014

City/State and Zip Code

### DJ@JEFFREYLAWFIRM.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

DOUGLAS J. JEFFREY, ESQ. 305 828-4744

Name of Contact Person

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

CR2E045 (03/12)

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

statement of change	is submitted for a corporation orga	02, 607.1508, or 617.1508, Florida Statutes, this nized under the laws of the State of FLORIDA tered agent, or both, in the State of Florida.
1. The name of the o	corporation: ECUATRAVEL IN	NC.
2. The principal offi		
3. The mailing addre	ess (if different): N/A	
4. Date of incorpora	tion/qualification: 05/19/1989	Document number: K89398
	eet address of the current registered int of State: (If resigned, enter resign	agent and registered office on file with the ned)
_R/	AQUEL DONOSO	
87	35 NW 153RD TERRACE	
M	IAMI, FL 33018	SCOR ALLA
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):		
D	OUGLAS J. JEFFREY, ES	SQ. 50 € 50 € 50 € 50 € 50 € 50 € 50 € 50
66	25 MIAMI LAKES DRIVE	EAST, STE 379
M	IAMI LAKES, FL 33014	Гассерцавіе
The street address of as changed will be	of its registered office and the stree identical.	t address of the business office of its registered agent,
Such change was an authorized by the b	athorized by resolution duly adopte pard, on the corporation has been n	ed by its board of directors or by an officer so otified in writing of the change.
Signature of	an officer or director	Printed or typed name and tiffe
I furthér agrée to co performance of my	appointment as registered agent a omply with the provisions of all sta duties, and I am familiar with and ocument is being filed merely to rej t the corporation has been notified	nd agree to act in this capacity. tutes relative to the proper and complete accept the obligation of my position as registered flect a change in the registered office address, I in writing of this change.
Dugles Signatur	e of Registered Agent	7/8/2014
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

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