## P18000031900

(Re	questor's Name)		
(Ad	dress)		
(Ad	dress)		
	ty/State/Zip/Phone #	<del></del>	
(Cil	ty/State/Zip/Filone #	,	
PICK-UP	MAIT	MAIL	
(Bu	siness Entity Name	)	
	ocument Number)		
(50	edition (Mattheen)		
Certified Copies Certificates of Status			
Special Instructions to	Filing Officer:		
,	·		

Office Use Only



400319455424

10/17/18--01017--006 \*\*35.0n

18 OCT 15 PM 5: 44

## **COVER LETTER**

TO: Amendment Section Division of Corporations

SUBJECT: JDE REALTY CORP

Name of Corporation

DOCUMENT NUMBER: P18000031900

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:

## JESUS M QUINTERO

Name of Contact Person

Firm/Company

16860 SW 1st STREET

Address

PEMBROKE PINES, FL 33027

City/State and Zip Code

dominicancpa@aol.com

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

For further information concerning this matter, please call:

Jesus M Quintero

,,305 \.\45

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

18 0CT 15 PM 5: 14

## 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 ch	e provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida hange is submitted for a corporation organized under the laws of the State of der to change its registered office or registered agent, or both, in the State of	f Florida	3	_
<ul><li>1. The name of</li><li>2. The principal</li></ul>	f the corporation: JDE Realty Corp al office address: 16860 SW 1st Street, Pembroke Pines, F	·L 330	)27	
3. The mailing a	address (if different):			
4. Date of incor	orporation/qualification: 04/06/2018 Document number: P180	)00031	900	-
	nd street address of the current registered agent and registered office on file artment of State: (If resigned, enter resigned)	with the		
	BUSINESS FILINGS INCORPORATED			
	1200 SOUTH PINE ISLAND ROAD	_		
	PLANTATION, FL 33324			
6. The name and (if changed):	nd street address of the new registered agent (if changed) and /or registered of the new registered of the new registered of the changed and for registered of the new registered agent (if changed) and for registered of the new registered agent (if changed) and for registered of the new registered agent (if changed) and for registered agent (if changed) and for registered of the new registered agent (if changed) and for registered of the new registered agent (if changed) and for registered of the new registered agent (if changed) and for registered of the new registered agent (if changed) and for registered of the new registered agent (if changed) and for registered of the new registered agent (if changed) and for registered of the new registered agent (if changed) and for registered agent (if changed) are registered agent (if changed) and for registered agent (if changed) are registered agent (if changed) and (if changed) are registered agent (if changed) and (if changed) are registered agent (if changed) and (if changed) are registered agent (if cha	office	18 001 15	2 2 2 2 2 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3
	Jesus M Quintero	_	1 15	= = = = = = = = = = = = = = = = = = = =
	16860 SW 1st Street			
	P.O. Box NOT acceptable	_	PH 5:	9%
	Pembroke Pines, FL 33027	_	ŗ	1947 174
The street address changed will	ress of its registered office and the street address of the business office of ll be identical.	its regist	ered ag	cnt.
Such change wa authorized by the	vas authorized by resolution duly adopted by its board of directors or by an the board, or the corporation has been notified in writing of the change.	n officer	so	
	M Jesus M Quintero			
// <sup>-</sup>	ture of an officer diffector Printed or typed name and t	iitle		_
A Jurther agree i performance of agent. Or, if the	of the appointment as registered agent and agree to act in this capacity. It to comply with the provisions of all statutes relative to the proper and configuration of my position of my duties, and I am familiar with and accept the obligation of my position has document is being filed merely to reflect a change in the registered off in that the corporation has been notified in writing of this change.	m as rea	istered vss. I	
Les	October 7, 2018			
	ignature of Registered Agent Date		-	_
If signing on be	ehalf of an entity;			
т	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 (03/12)

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