

Florida Department of State
 Division of Corporations
 Electronic Filing Cover Sheet

P97000065091

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To:
 Division of Corporations
 Fax Number : (850)617-6380

From:
 Account Name : REGISTERED AGENT SOLUTIONS INC
 Account Number : I20100000062
 Phone : (888)705-7274
 Fax Number : (888)706-7274

SECRETARY OF STATE
TALLAHASSEE, FL

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Email Address: _____

**REGISTERED AGENT CHANGE
 ESPINAR, INC.**

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$35.00

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 AUG -4 2022

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: ESPINAR, INC.

Name of Corporation

DOCUMENT NUMBER: P97000065091

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:

Mary Castillo

Name of Contact Person

Registered Agent Solutions, Inc.

Firm/Company

Corporate Center One, 5301 Southwest Pkwy, Ste 400

Address

Austin, Texas 78735

City/State and Zip Code

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

For further information concerning this matter, please call:

Mary Castillo

Name of Contact Person

at (888) 705-7274

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
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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: ESPINAR, INC.

2. The principal office address: 8899 NW 18TH TER SUITE 200 DORAL, FL 33172

3. The mailing address (if different): _____

4. Date of incorporation/qualification: 7/28/1997 Document number: P97000065091

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)

INCORP SERVICES, INC.
17888 67TH COURT NORTH
LOXAHATCHEE FL 33470

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

Registered Agent Solutions, Inc.
155 Office Plaza Dr. Suite A
P.O. Box NOT acceptable
Tallahassee FL 32301

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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.

/s/ MILCIADES V PACHAS
Signature of an officer or director

MILCIADES V PACHAS Authorized Signer
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 merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.

Mackenzie Hart
Signature of Registered Agent

08/03/2022
Date

If signing on behalf of an entity:

Mackenzie Hart, Assistant Secretary
Typed or Printed Name

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