

Q990000000053

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

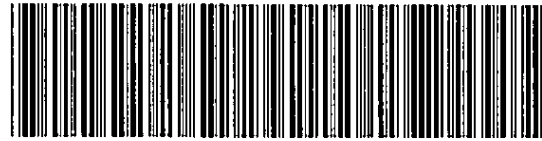
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



400330110534

06/03/19--01033--011 \*\*35.00

S TALLENT  
JUN 19 2019

2019 JUN -3 PM 3:09  
SECRETARY OF STATE  
TALLAHASSEE, FL

FILED

R/A-CH

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** ASSET FINANCIAL TECHNOLOGY PARTNERS CORP  
(Name of Alien Business Organization)

Dear Sir or Madam:

The enclosed Statement of Change of Registered Agent/Registered Office for Alien Business Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

JOSE M. MARTINEZ, CPA

(Name of Person)

JM MARTINEZ CPA, PA

(Firm/Company)

2100 PONCE DE LEON BLVD. #740

(Address)

CORAL GABLES, FL 33134

(City/State and Zip Code)

For further information concerning this matter, please call:

JOSE M. MARTINEZ CPA

(Name of Person)

at ( 305 ) 445-7554

(Area Code & Daytime Telephone Number)

**STREET/COURIER ADDRESS:**

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, Florida 32301

**MAILING ADDRESS:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

**Enclosed is a check for the following amount:**

☒ \$35.00 Filing Fee

☐ \$43.75 Filing Fee & Certified Copy

**STATEMENT OF CHANGE OF REGISTERED AGENT AND/OR  
REGISTERED OFFICE FOR ALIEN BUSINESS ORGANIZATION**

PURSUANT TO SECTION 607.0505, FLORIDA STATUTES, THE UNDERSIGNED ALIEN BUSINESS ORGANIZATION SUBMITS THE FOLLOWING STATEMENT IN ORDER TO CHANGE ITS REGISTERED OFFICE AND/OR REGISTERED AGENT:

1. ASSET FINANCIAL TECHNOLOGY PARTNERS CORP  
(Name of alien business organization)
2. June 14, 1999 3. Q99000000053 4. 90-0153361  
(Florida registration date) (Florida document number) (FEI Number, if applicable)
5. c/o Melissa Gutierrez, 6228 Cellini Street, Coral Gables, FL 33146  
(Principal office address)

6. Name and address of registered agent and office currently on record with this office:

OWEN S FREED

150 WEST FLAGLER STREET SUITE 2200

MIAMI, FL 33134

7. New registered agent and/or office address:

JM MARTINEZ CPA, PA

2100 PONCE DE LEON BLVD. SUITE 740

CORAL GABLES, FL 33134

(Note: Registered office must be a Florida street address)

8. The street address of the registered office and the street address of the business office of the registered agent are identical.
9. Such change was authorized by the board of directors or an officer of the corporation so authorized by the board of directors.

10. H. Gomez  
(Signature of chairman, vice chairman, or officer)

11. Herman Gomez, President  
(Name and capacity of person signing in number 10 above)

12. Signature of new registered agent, if applicable:

I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of section 607.0505, Florida Statutes.

[Signature]  
(Registered agent accepting appointment)

5/23/19  
(Date)

**FILING FEE: \$35.00**

**Make checks payable to Florida Department of State and mail to:  
Division of Corporations P. O. Box 6327 - Tallahassee, FL 32314**

**FILED**  
2019 JUN -3 PM 3:09  
SECRETARY OF STATE  
TALLAHASSEE, FL