

P13000031697

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

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JUL 11 2016
C. CARROTHERS

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: REO WORKFORCE INC
Name of Corporation

DOCUMENT NUMBER: P13000031697

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:

CARLOR REY

Name of Contact Person

REO WORKFORCE INC

Firm/Company

6625 MIAMI LAKES DR E AUTE 238

Address

MIAMI LAKES FL 33014

City/State and Zip Code

OSCAR@REOGRP.COM

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

For further information concerning this matter, please call

CARLOS REY

Name of Contact Person

305 525-2889

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

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

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1308, or 617.1308, 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 REO WORKFOCE INC
2. The principal office address: 6625 MIAMI LAKES DR E SUITE 238 MIAMI LAKES FL 33014

3. The mailing address (if different) _____

4. Date of incorporation/qualification: 4/8/2013 Document number: P13000031697

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)

JUAN O MUNOZ
6625 MIAMI LAKES DR E STE 238
MIAMI LAKES FL 33014

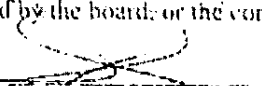
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

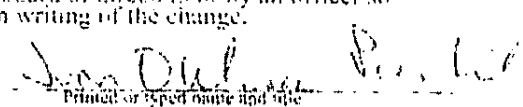
CARLOS E REY
6625 MIAMI LAKES DR E STE 238
P.O. Box Not Acceptable
MIAMI LAKES FL 33014

2016 JUL -6 AM 5:30
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

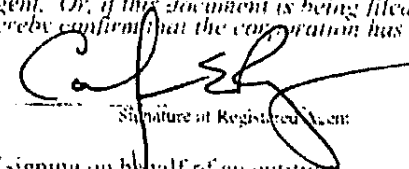
The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

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.


Signature of an officer or director


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.


Signature of Registered Agent

5/20/2016
Date

If signing on behalf of an entity:

Carlos E Rey
Typed or printed name

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

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR21045 (03/12)